2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 24, 2004 8:00 am Secretary of State **DOCUMENT # P03000104964** 04-30-2004 90225 035 ***150.00 GLOBAL CAPITAL ASSOCIATES, INC. Principal Place of Business Mailing Address 16499 NE 19TH AVE., SUITE 103 16499 NE 19TH AVE., SUITE 103 N. MIAMI BCH, FL 33162 N. MIAMI BCH, FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052004 CR2E034 (10/03) City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bailen, Steve H Street Address (P.O. Box Number is Not Acceptable) 16499 NE 19TH AVE., SUITE 103 N. MIAMI BCH, FL 33162 City Zip Code FL & The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 1D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DBaileN Delate TILE : TITLE Change ☐ Addition BALLER, STEVE H NAME NAME 16499 NE 19TH AVE., SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N. MIAMI BCH, FL 33162 CITY-ST-ZIP TITLE Ociete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-7P Delete ☐ Addition MILE TITLE NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE **** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receive-por trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Steve H. Bailer

changed, or on an attachme

SIGNATURE:

-29-04

FILED