


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90053 036 \*\*\*158.75

**DOCUMENT # P03000124924**

1. Entity Name  
**GLOBAL SCIENCE CORPORATION**



Principal Place of Business      Mailing Address

**136 FOREST LAKE BLVD #908**      **136 FOREST LAKE BLVD #908**  
**DAYTONA BEACH, FL 32119**      **DAYTONA BEACH, FL 32119**

2. Principal Place of Business      3. Mailing Address

**136 FOREST LAKE BLVD.**      **136 FOREST LAKE BLVD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**906**      **906**

City & State      City & State

**DAYTONA BEACH, FL**      **DAYTONA BEACH, FL**

Zip      Country      Zip      Country

**32119-8104**      **USA**      **32119-8104**      **USA**



03152004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**27-0070491**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**BARELA, GUILLERMO E**  
**136 FOREST LAKE BLVD #908**  
**DAYTONA BEACH, FL 32119**

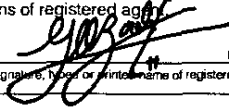
Name      **BARELA, GUILLERMO**

Street Address (P.O. Box Number is Not Acceptable)

**136 FOREST LAKE BLVD. 906**

City      **DAYTONA BEACH, FL**      Zip Code      **32119-8104**

8. 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:  **GUILLERMO BARELA**      **PRESIDENT / DIRECTOR**      **MARCH 15<sup>th</sup>, 2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**BANK OF AMERICA**  
**CHECKING ACCOUNT # 005490171685**  
**ROUTING: 063000047**  
**CHECK # 0991**  
**AMOUNT OF CHECK: \$158.75**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARELA, GUILLERMO E 136 FOREST LAKE BLVD #908 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BARELA, GUILLERMO 136 FOREST LAKE BLVD. 906 DAYTONA BEACH, FL 32119-8104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARELA-PRADERES, FABRIZIA 136 FOREST LAKE BLVD #908 DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D BARELA-PRADERES, FABRIZIA 136 FOREST LAKE BLVD. 906 DAYTONA BEACH, FL 32119-8104 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D BARELA, ALEJANDRO 136 FOREST LAKE BLVD. 906 DAYTONA BEACH, FL 32119-8104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 receiver or 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GUILLERMO BARELA**      **P/D**      **MARCH 15<sup>th</sup>, 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

**(386) 7865944**  
**(386) 3940764**