


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90072 014 ***150.00

DOCUMENT # P03000125811	
1. Entity Name GLOBAL IP TELECOM, CORP.	

Principal Place of Business 11650 SW 2ND STREET 305 PEMBROKE PINES, FL 33025	Mailing Address 11650 SW 2ND STREET 305 PEMBROKE PINES, FL 33025
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2. Principal Place of Business <i>9000 Sheridan Street</i> Suite, Apt. #, etc. <i>Suite 171</i> City & State <i>Pembroke Pines, FL</i> Zip <i>33025</i> Country <i>USA</i>	3. Mailing Address <i>9000 Sheridan Street</i> Suite, Apt. #, etc. <i>Suite 171</i> City & State <i>Pembroke Pines, FL</i> Zip <i>33025</i> Country <i>USA</i>
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02032004 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-0368684</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INTERNATIONAL LEGAL CONSULTANT, INC. 4804 W. COMMERCIAL BLVD. TAMARAC, FL 33319	
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7. Name and Address of New Registered Agent Name <i>DANNIE BAQUERO</i> Street Address (P.O. Box Number is Not Acceptable) <i>9000 Sheridan Street</i> <i>Suite 171</i> City <i>Pembroke</i> FL Zip Code <i>33025</i>	
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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 <i>[Signature]</i>	DATE <i>2/5/04</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAQUERO, DANNIE 11650 SW 2ND STREET, # 305 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11630 SW 2ND Street, # 107</i> <i>Pembroke Pines, FL 33025</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBLES, MICHELLE 11650 SW 2ND STREET, # 305 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11630 SW 2ND Street, # 107</i> <i>Pembroke Pines, FL 33025</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BAQUERO, DANNIE 11650 SW 2ND STREET, # 305 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11630 SW 2ND Street, # 107</i> <i>Pembroke Pines, FL 33025</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAQUERO, DANNIE 11650 SW 2ND STREET, # 305 PEMBROKE PINES, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11630 SW 2ND Street, # 107</i> <i>Pembroke Pines, FL 33025</i> <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	<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: <i>[Signature]</i>	DATE <i>2/5/04</i> Daytime Phone #