2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2005 8:00 am Secretary of State

07-27-2005 90044 046 ***150.00

DOCUMENT # P0400004 1. Entity Name GLOBAL SOURCE TRADING COM				07-27-2003	90044 040	130.	.00	
Principal Place of Business 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407	Mailing Address 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407			50057754				
2. Principal Place of Business 206 CATANYA WAY Suite, Apt. #, etc.	3. Mailing Address 1128-416 Suite, Apt. #, etc.	YAL PALM BE	4 Bup.		CR2E034	(10/00)		
Royal Parm Brach, FL	REYAL PALM BEAL	ch f	4. FEI Numb	Chg-P .	70	App	olied For Applicable	
Zip Country	33411	Country	5. Certificate	of Status Desired	□ \$8	.75 Addi	tional	
6. Name and Address of Currer	<u> </u>	7. Name and	7. Name and Address of New Registered Agent					
WARD, DAMON & POSNER, P.A. 4420 BEACON CIRCLE STE 100 WEST PALM BEACH, FL 33407			Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement the obtigations of registered agent. SIGNATURE Signature, typed or printed name of registered age.	Mars	City gistered office or re		oth, in the State of Flo	FL prida. I am fam	Zip Code		
FILE NOWI!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	In accordance v corporation did				
10. OFFICERS AND DIRECTORS		11.	ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS CITY-SI-ZIP ROYAL PALM READ	□ Delete 17 17 17 17 17 17 17 17 17 17 17 17 17	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•] Change	Addition	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) Change	Addition	
TITLE	☐ Delete	TITLE NAME] Change	Addition	

CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 adulted 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGN

Delete

☐ Delete

Change

☐ Change

☐ Addition

Addition