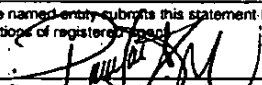
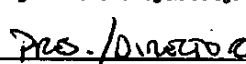
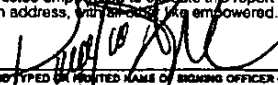


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-03-2006 90349 040 ***150.00

DOCUMENT # P05000059328					
1. Entity Name GLOBAL CAPITAL & FINANCE CORPORATION					
Principal Place of Business 2500 W LAKE MARY BLVD. 107 LAKE MARY, FL 32746 US			Mailing Address 2500 W LAKE MARY BLVD. 107 LAKE MARY, FL 32746 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2836531	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARY, KELLY ESQJ 2 S ORANGE AVENUE 5TH FLOOR ORLANDO, FL 32802			7. Name and Address of New Registered Agent Name Jose Luis Mejia Street Address (P.O. Box Number is Not Acceptable) 2500 W LAKE MARY BLVD SUITE 107 City LAKE MARY FL 32746		
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 		PRES./DIRECTOR 		DATE 3/30/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P.D. ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MEJIA, JOSE LUIS	NAME			
STREET ADDRESS	2500 W LAKE MARY BLVD, SUITE 107	STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP			
TITLE	VP.D. ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MEJIA, MARLENE A	NAME			
STREET ADDRESS	2500 W LAKE MARY BLVD SUITE 107	STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY, FL 32746	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 or without being empowered.					
SIGNATURE: 		DIRECTOR/MGR 3/30/06		407-224-0020	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

66011580



03302006 Chg-P CR2E034 (11/05)