

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90044 010 ***150.00

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1. Entity Name
 GLOBAL STI CORP.

Principal Place of Business Mailing Address
 1068 NW 123CT 1068 NW 123CT
 MIAMI, FL 33182 MIAMI, FL 33182

20024741

2. Principal Place of Business 3. Mailing Address
3718 SW 153 PL 3718 SW 153 PL



Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05)
 City & State *Miami, FL 33185* City & State *Miami, FL 33185* 4. FEI Number *30-2739445* Applied For
 Not Applicable
 Zip Country *33185* Zip Country *33185* 5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent
 LOZANO, OLIVERIO
 1068 NW 123CT
 MIAMI, FL 33182

7. Name and Address of New Registered Agent
 Name *Lozano, Oliverio.*
 Street Address (P.O. Box Number is Not Acceptable)
3718 SW 153 PL
 City *Miami* FL Zip Code *33185*

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P LOZANO, JORGE E 1068 NW 123CT. MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> LOZANO, Jorge E <i>3718 SW 153 PL</i> <i>Miami, FL 33185</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
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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 an other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #