


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90300 040 ***150.00

DOCUMENT # P05000118292

1. Entity Name
GLOBAL AMERICAN MEDICAL, INC.



Principal Place of Business Mailing Address

1067 PALAMA WAY **1067 PALAMA WAY**
LANTANA, FL 33462 US **LANTANA, FL 33462 US**



2. Principal Place of Business 3. Mailing Address

1309 N.W. 161 Ave. **1309 N.W. 161 Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State City & State

Pembroke Pines, FL **Pembroke Pines, FL**

Zip Country Zip Country

33028 **Broward** **33028** **Broward**

4. FEI Number Applied For

20-3360276 Not Applicable

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

6. Name and Address of Current Registered Agent

NAGBUYA POTESTADES, PRISCILLA C
1067 PALAMA WAY
LANTANA, FL 33462

7. Name and Address of New Registered Agent

Name **Penelope N. Pattalitan**

Street Address (P.O. Box Number is Not Acceptable)
1309 N.W. 161 Avenue

City **Pembroke Pines** FL Zip Code **33028**

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 *Penelope N. Pattalitan* **4/7/06**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PATAUTAN, PENELOPE N 1309 NW 161ST AVENUE PEMBROKE PINES, FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD NAGBUYA POTESTADES, PRISCILLA C 1067 PALAMA WAY LANTANA, FL 33462	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Pattalitan, Penelope N. same same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Penelope N. Pattalitan* **President** **4/7/06** **954-4501190**

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