

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90019 012 ***150.00

DOCUMENT # P06000066417

1. Entity Name
GLOBAL PERSPECTIVE:21ST CENTURY CONSULTANTS, INC.



Principal Place of Business
**P O BOX 560991
ORLANDO FL 32856-0991**

Mailing Address
**P O BOX 560991
ORLANDO FL 32856-0991**



2. Principal Place of Business - No P.O. Box #
12462 Beacon Tree

3. Mailing Address
PO BOX 560991

Suite, Apt. #, etc.
Way

Suite, Apt. #, etc.
Orlando

City & State
Orlando FL

City & State
FL

Zip
32837

Country
USA

Zip
32856

Country
USA

1st MOORE CR2E034 (10/07)

4. FEI Number **41-2219986**

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

6. Name and Address of Current Registered Agent
**ORTIZ, TOMASITA
12464 BEACONTREE WAY
ORLANDO FL 32837**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 **Tomasita Ortiz** (NOTE: Registered Agent signature required when reinstating)

DATE **4/20/08**

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 ORTIZ, TOMASITA P O BOX 560991 ORLANDO FL 32856-0991	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 Section 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 office, and a power of attorney.

SIGNATURE: **Tomasita Ortiz** DATE **4/20/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR