2008 FOR PROPTI CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

ANNUAL REPORT					•		CC
DOCUMENT # P06000132949						Secretar	'y 01 S
Finity Name GLOBAL CONSULTANT & MANAGEMENT CORP.							
Principal Place of Business 3480 SW 132 COUNT MIAMI, FL 33175		Mailing Address 3480 SW 132 COUNT MIAMI, FL 33175					
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. D	O NOT WRITE	CE	01042008 4. FEI Numb 20-574		 +	5) Applied For Not Applicable	
	ا المحمد من المحمد من المعالم المحمد الم				of Status Desired	\$8.75 A	dditional
	6. Name and Address of Current Re	gistered Agent		L			
LOPEZ, AI 1410 SW 1 MIAMI, FL	126 PL	-		NOT W			
8. The above the obligat	named entity submits this statement for the				th, in the State of Flo	orida. I am familiar wit	h, and accept
1 12 12	Signature, typed or printed name of registered agent and	itle if applicable (NOTE: Registere	ed Agent signature required	f when reinstating)		DATE	
Gy FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND DI	RECTORS			,		
NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ARANELYS 1410 SW 126 PL MIAMI, FL 33184		٠ .		U0000 01/09/08	0776464 ~80025~019	150.00
TITLE NAME STREET ADDRESS CITY-ST-2IP			,				·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME REET ADDRESS			DO	NOT W	RITE	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SF	PACE	
TITLE NAME STREET ADDRESS					3		
CITY-SI-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 received 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: 2

NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 (305) 519-998