

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P25368

1. Entity Name
GLOBAL BUSINESS CONSULTANTS, INC.



Principal Place of Business

**1 SE 3RD AVENUE
STE 1210
MIAMI, FL 33131 US**

Mailing Address

**1 SE 3RD AVENUE
STE 1210
MIAMI, FL 33131 US**



03092006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0102239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, LAWRENCE A
1 SE 3RD AVENUE, SUITE 1270
STE 1210
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

000000463203
03/21/06-80087-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FREEMAN, LAWRENCE
STREET ADDRESS 1 SE 3RD AVE STE 1210
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME HUTTON, SUE
STREET ADDRESS 9795 S. DIXIE HWY.
CITY-ST-ZIP MIAMI, FL

TITLE AS
NAME FREEMAN, LAWRENCE
STREET ADDRESS 1 SE 3RD AVE STE 1210
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/2006 305-377-9355
Date Daytime Phone #