

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90051 012 ***150.00

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**

60048000



2. Principal Place of Business - No P.O. Box #
2 South Biscayne Blvd.

3. Mailing Address
2 South Biscayne Blvd.

Suite, Apt. #, etc.
Suite 1600

Suite, Apt. #, etc.
Suite 1600

03212007 Chg-P CR2E034 (12/06)

City & State
Miami, FL 33131

City & State
Miami, FL 33131

4. FEI Number
65-0102239

Applied For
Not Applicable

Zip Country
33131 Miami-Dade

Zip Country
33131 Miami-Dade

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Blvd.

Suite 1600

City

FL

Zip Code
33131

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, 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2 South Biscayne Blvd., Suite 1600**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-377-9355

March 22, 2007