

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25368

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GLOBAL BUSINESS CONSULTANTS, INC.

**Current Principal Place of Business:**

2 SOUTH BISCAYNE BLVD.  
STE 1600  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 SOUTH BISCAYNE BLVD.  
STE 1600  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-0102239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEMAN, LAWRENCE A  
2 BISCAYNE BLVD  
STE 1600  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FREEMAN, LAWRENCE  
Address: 2 BISCAYNE BLVD STE 1600  
City-St-Zip: MIAMI, FL 33131

Title: SD ( ) Delete  
Name: HUTTON, SUE  
Address: 9795 S. DIXIE HWY.  
City-St-Zip: MIAMI, FL

Title: AS ( ) Delete  
Name: FREEMAN, LAWRENCE  
Address: 2 BISCAYNE BLVD STE 1600  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HUTTON, SUE  
Address: 1001 BRICKELL BAY DR., 9TH FLR  
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE A. FREEMAN

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04/08/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date