


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90023 042 ***150.00

DOCUMENT # P9300034527

1. Entity Name
FIRST GLOBAL COMMERCE, INC.



Principal Place of Business Mailing Address

BROMLEY VILLAGE ROUTE 11 **PO BOX 2669**
PERU VT 05152 **MANCHESTER CENTER VT 05255**
US **US**



2. Principal Place of Business 3. Mailing Address

23 VALLEY VIEW RD.

Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State

MANCHESTER CENTER, VT

4. FEI Number Applied For

59-3183863 Not Applicable

Zip Country Zip Country

05207 **USA**

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

6. Name and Address of Current Registered Agent

KATZ, ARNOLD
4800 NW 2ND STREET
SUITE 6
BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	KATZ, ARNOLD
STREET ADDRESS	BROMLEY VILLAGE
CITY-ST-ZIP	PERU VT 05152
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DIRECTOR / PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, ARNOLD
STREET ADDRESS	23 VALLEY VIEW RD
CITY-ST-ZIP	MANCHESTER CENTER, VT 05207
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ARNOLD KATZ** **8/25/05** **802 362 2943**