

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT# P97000002340 1. Entity Name GLOBALEUROPEANTECHNOLOGIES, INC.	
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Principal Place of Business 2839 NE 28TH COURT LIGHTHOUSE POINT, FL 33064	Mailing Address 2839 NE 28TH COURT LIGHTHOUSE POINT, FL 33064
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DO NOT WRITE IN THIS SPACE



04062004 NoChg-P CR2E034(10/03)

4. FEI Number 65-0728895	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBEYNS, MARC
2839 N.E. 28TH COURT
LIGHTHOUSE POINT, FL 33064

**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 obligation of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agents signature is required when installing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBEYNS, MARC 2839 NE 28TH COURT LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBEYNS, MARTIN 2839 N.E. 28TH COURT LIGHTHOUSE POINT, FL 33064
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04/03/04-80034-023 150.00

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IN THIS SPACE**

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 that other person empowered

SIGNATURE: _____ *[Signature]* **04/08/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #