

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90007 031 ***150.00

DOCUMENT # P97000011987

1. Entity Name
GLOBAL RISK ALTERNATIVES, INC.



Principal Place of Business

1909 TYLER STREET
#601
HOLLYWOOD, FL 33020

Mailing Address

1909 TYLER STREET
#601
HOLLYWOOD, FL 33020

50002593



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0726954

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGORY, GREGOR
4408 PIERCE STREET
HOLLYWOOD, FL 33021

**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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	HEUSINKVELD, ROBERT T
STREET ADDRESS	5508 CAVENDISH COURT
CITY- ST- ZIP	PLANO, TX 75093
TITLE	S
NAME	SMITH, MARTIN B
STREET ADDRESS	7901 SW 36TH STREET #100
CITY- ST- ZIP	DAVIE, FL 33328
TITLE	P
NAME	GREGORY, GREGOR
STREET ADDRESS	4408 PIERCE STREET
CITY- ST- ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/05
Date

954 478-6220
Daytime Phone #