2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000014013

1. Entity Name
GLOBAL TOOL COMPANY

Principal Place of Business	Mailing Address
2040 NORTHEAST 163RD STREET SUITE 103 NORTH MIAMI BEACH, FL 33162	P.O. BOX 601193 NORTH MIAMI BEACH, FL 33160 US

DO NOT WRITE IN THIS SPACE

01132004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0828782		Not Applicable

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

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6. Name and Address of Current Registered Agent

BASS, LES
2040 NE 163RD ST
SUITE 103
N. MIAMI BEACH, FL 33162

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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, 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	'STD
NAME	BASS, LES
STREET ADDRESS	2040 NORTHEAST 163RD STREET
CITY ST ZIP	NORTH MIAMI BEACH, FL 33162

TITLE	
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CITY ST ZIP	

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CITY ST ZIP	

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04/05/04-80016-008 150.00

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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: _Les Bass, President_ LES BASS, PRESIDENT 4/1/04 305-949-2171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #