


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000014013
 1. Entity Name
 GLOBAL TOOL COMPANY



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

DO NOT WRITE IN THIS SPACE



03222005 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

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

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 04/01/05-80034-009 150.00

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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* 3/30/05 305-949-2771
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #