
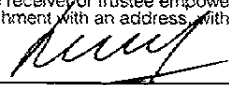


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|---|---------|---|---|--|
| DOCUMENT # P98000051675 1. Entity Name GLO-CAP CORPORATION | | | |  | |
| Principal Place of Business 1327 W. 77AVE. HIALEAH FL 33012 US | | | Mailing Address P.O.BOX 22247 HIALEAH FL 33002 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0841457 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LEMA, NORBERTO H 1327 W 77AVE. HIALEAH FL 33012 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | U00000014589 01/27/04-80013-020 150.00 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD LEMA, JEAN PIERRE 1327 W 77TH AVE HIALEAH FL 33012 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Add | |

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-20-04 305-SR-9368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR