

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90382 024 ***150.00

DOCUMENT # P98000057745

1. Entity Name
GLOBAL MANAGEMENT NETWORK, INC.



Principal Place of Business
**13499 BISCAYNE BOULEVARD
SUITE 205
NORTH MIAMI, FL 33181**

Mailing Address
**13499 BISCAYNE BOULEVARD
SUITE 205
NORTH MIAMI, FL 33181**

2. Principal Place of Business
13499 Biscayne Blvd.
Suite, Apt. #, etc.
201

3. Mailing Address
13499 Biscayne Blvd.
Suite, Apt. #, etc.
201

City & State
North Miami, FL
Zip
33181
Country
Dade

City & State
North Miami, FL
Zip
33181
Country
Dade

03292006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0846734

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MACLI, ANTONIO A
13499 BISCAYNE BOULEVARD
SUITE 205
NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
MACLI, ANTONIO
STREET ADDRESS
13499 BISCAYNE BOULEVARD, SUITE 205
CITY - ST - ZIP
NORTH MIAMI, FL 33181

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #