2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN

ANNUAL REPURI					Secretary of State				
DOCUMENT # P98000061858 1. Entity Name GLOBE CONSULTING & MANAGEMENT, INC.					Secretary of Sta				
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1 '		Mailing Address	·						
4427 SE 16 #2	TH PLACE	C/O L&M ACCOUNTING, INC. 2804 DEL PRADO BLVD., #	209						
CAPE CORAL, FL 33904 CAPE CORAL, FL 33904									
	en de la companya de La companya de la co	e de Santa (Carlos Maries de Carlos Mari							
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	OO NOT WRITE	IN THIS SPA	HIS SPACE		4. FEI Numbe 65-0854			Applied For	
						of Status Desired	<u> </u>	Not Applicable .75 Additional	
	6. Name and Address of Current Reg	listered Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J. Ochmodie	Or Oresta Desired	Fee	Required	
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CAPECO	RAL, FL 33904				IN T	THIS SF	ACE		
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	named entity submits this statement for the tions of registered agent.	e purpose of changing its regis	tered office or	register	ed agent, or bot	h, in the State of Fl	orida. Lam fam	iliar with, and accept	
SIGNATURE.				:					
	Signature, typed or printed name of registered agent and t	itle if applicable. (NOTE, Regis	tered Agent signatur	e tedhiteq	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fit Trust Fund Contribution		\$5. Add	00 May Be ed to Fees				
10.	OFFICERS AND DIF	ECTORS	_	, s ·		Advanto Pang			
TITLE NAME	D KUEHR, DAGMAR		ŀ	6. A		Modol	00530222	022 150.00	
STREET ADDRESS CITY-ST-ZIP	BOHNSDORLER WEG 45A 12524 BERLIN, GERMANY,		1 "						
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12. Thereby 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 like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/06

Davima Phone #