


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068393

1. Entity Name
GLOBAL HOTEL CO.



Principal Place of Business Mailing Address

2121 S.W. THIRD AVENUE #800 **2121 S.W. THIRD AVENUE #800**
MIAMI, FL 33129 **MIAMI, FL 33129**

DO NOT WRITE IN THIS SPACE



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0885626 Not Applicable

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

6. Name and Address of Current Registered Agent

PITA, RODOLFO
2121 S.W. 3RD AVENUE
SUITE 800
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

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, 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	D
NAME	POMA, ERNEST O
STREET ADDRESS	2121 S.W. THIRD AVENUE #800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	PITA, RODOLFO E
STREET ADDRESS	2121 S.W. THIRD AVENUE #800
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000498139
 04/22/06-80084-001 150.00

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 like empowered.

SIGNATURE: _____ **3/24/06** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR