## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 26, 2004 8:00 am DOCUMENT # P9900007785 **Secretary of State** 1. Entity Name 03-26-2004 90024 050 \*\*\*150.00 GLOBAL SALES EXPEDITION, INC. Principal Place of Business Mailing Address 1375 S SEMORAN BLVD STE 1303 1375 S SEMORAN BLVD STE 1303 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3554641 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOWRAN, JOSEPH E Street Address (P.O. Box Number is Not Acceptable) 1375 S SÉMORAN BLVD STE 1303 WINTER PARK FL 32792 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE ☐ Change ☐ Addition GOWRAN, JOSEPH E NAME STREET ADDRESS 1375 S SEMORAN BLVD STE 1303 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP ST TITLE ☐ Delete ☐ Change ☐ Addition GOWRAN, JACQUELINE NAME NAME STREET ADDRESS 1375 S SEMORAN BLVD STE 1303 STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

JACQUELINE L. GOWRAN 3/03/04 407-677-0500

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

FILED