

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90014 024 ***150.00

DOCUMENT # P99000097679 1. Entity Name GLOBAL CONSULTING ASSOCIATES, INC.			
Principal Place of Business 1347 S PATRICK DR SATELLITE BEACH, FL 32937		Mailing Address 1347 S PATRICK DR SATELLITE BEACH, FL 32937	
2. Principal Place of Business 1227 S PATRICK DR.		3. Mailing Address 501 MALLARD LANE	
Suite, Apt. #, etc. SUITE 302		Suite, Apt. #, etc. 	
City & State SATELLITE BEACH, FL		City & State INDIALANTIC, FL	
Zip 32937		Zip 32903-4735	
Country USA		Country USA	
4. FEI Number 59-2219617		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent H SHAM, RAYINDRA H 1347 S PATRICK DR SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Name RAVINDRA H. SHAH Street Address (P.O. Box Number is Not Acceptable) 501 MALLARD LANE City INDIALANTIC FL Zip Code 32903	
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		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	P SHAH, RAVINDRA H 501 MALLARD LANE INDIALANTIC, FL 329034735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHAH, LINDA N 501 MALLARD LANE INDIALANTIC, FL 329034735 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		1/9/03 321-773-5636 Date Daytime Phone #	