

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000105118

1. Entity Name
GLOBAL TELECOM, INC.



Principal Place of Business

5 PELIAN ISLE
FORT LAUDERDALE, FL 33301

Mailing Address

P.O. BOX 30247
FORT LAUDERDALE, FL 33303



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
88-0415931

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAVENDER, JOEL ESQ.
507 S.E. 11TH COURT
FORT LAUDERDALE, FL 33316

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CARSON, ROXANN
STREET ADDRESS P.O. BOX 30247
CITY-ST-ZIP FORT LAUDERDALE, FL 33303

TITLE TD
NAME CARSON, JAMES T
STREET ADDRESS P.O. BOX 30247
CITY-ST-ZIP FORT LAUDERDALE, FL 33303

TITLE SD
NAME HARRISON, KEVIN JAMES T
STREET ADDRESS P.O. BOX 30247
CITY-ST-ZIP FORT LAUDERDALE, FL 33303

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**

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:

Roxann Carson

Roxann Carson

4-30-04 954524 2989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #