2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State

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1. Entity Name

GLOBAL MANAGEMENT VENTURES, INC.



Principal Place of Business

Mailing Address

9391 NW 13 STREET MIAMI, FL 33172 P.O. BOX 522451 MIAMI, FL 33152



DO NOT WRITE IN THIS SPACE

03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0248068

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUEITS, JAIME F JR.CPA 9391 NW 13ST MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature typed or printed name of registered agent and title	il applicable (NOTE, Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution	eing .	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u>- "</u>		
TITLE NAME STREET ADORESS CITY-ST-ZIP	PDT GUEITS, JAIME F., JR 755 WEST 60 ST HIALEAH, FL 33012	_			U00000539072 05/09/06-80086-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN, MARCO 7750 SW 32ND TERRACE MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUEITS, ISIS 755 W 60 ST HIALEAH, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06 305 5922227 Bate Dayling Prome #