

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040128

FILED
May 07, 2008
Secretary of State

Entity Name: GLOBAL ACQUISITIONS & DEVELOPMENT GROUP LLC

Current Principal Place of Business:

16118 N FLORIDA AVE
LUTZ, FL 33549

New Principal Place of Business:

19045 N DALE MABRY HWY
LUTZ, FL 33548

Current Mailing Address:

16118 N FLORIDA AVE
LUTZ, FL 33549

New Mailing Address:

19045 N DALE MABRY HWY
LUTZ, FL 33548

FEI Number: 26-0172360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORES, LILY
16118 N FLORIDA AVE
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

FLORES, LILY
19045 N DALE MABRY HWY
LUTZ, FL 33548 US

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.

SIGNATURE: LILY FLORES

05/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLORES, JOSE R
Address: 2236 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: FLORES, LILY
Address: 2236 CLIMBING IVY DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LILY FLORES

MGRM

05/07/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date