

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 21, 2009  
Secretary of State**

DOCUMENT# P06000054965

Entity Name: GLOBETEC OF CALIFORNIA, INC.

**Current Principal Place of Business:**

800 DOUGLAS ROAD, 12TH FLOOR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

806 DOUGLAS ROAD, 9TH FLOOR  
CORAL GABLES, FL 33134

**Current Mailing Address:**

800 DOUGLAS ROAD, 12TH FLOOR  
CORAL GABLES, FL 33134

**New Mailing Address:**

806 DOUGLAS ROAD, 9TH FLOOR  
CORAL GABLES, FL 33134

FEI Number: 20-4714656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAS, RAMON  
Address: 800 DOUGLAS ROAD, 12TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAS, RAMON  
Address: 806 DOUGLAS ROAD, 9TH FLOOR  
City-St-Zip: CORAL GABLES, FL 33134

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON MAS

PD

09/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date