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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000022616830
08/27/03--01065--002 **550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094713

1. Entity Name
GLOBAL IMPRESSIONS ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
118 NORTHEAST 39TH STREET MIAMI, FL 33137	250 GALEN DRIVE #33 KEY BISCAYNE, FL 33149

2. Principal Place of Business		3. Mailing Address	
2050 Coral Way		2050 Coral Way	
Suite, Apt. #, etc. # 507		Suite, Apt. #, etc. # 507	
City & State Miami FL		City & State Miami FL	
Zip 33145	Country USA	Zip 33145	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0791789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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] . SANTIAGO CAICEDO, 8/23/03
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, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	DIRE MEYER, ERWIN 118 NORTHEAST 39TH STREET MIAMI, FL 33137	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAICEDO, SANTIAGO 118 NORTHEAST 39TH STREET MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] . SANTIAGO CAICEDO 8/25/03 - 305-860-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/28