

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000101797

**Entity Name:** GLOMIAMI, INC.

**Current Principal Place of Business:**

39 NW 166 STREET  
SUITE 1  
MIAMI, FL 33169

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC6067036272**

**Current Mailing Address:**

39 NW 166 STREET  
SUITE 1  
MIAMI, FL 33169 US

**FEI Number: 46-4382959**

**Certificate of Status Desired: No**

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

LAZARRE, GERALDINE  
39 NW 166 STREET  
SUITE 1  
MIAMI, FL 33169 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PTD  
Name           LAZARRE, GERALDINE  
Address        39 NW 166 STREET SUITE 1  
City-State-Zip: MIAMI FL 33169

Title           VPD  
Name           ODIWO, STEPHEN  
Address        39 NW 166 STREET SUITE 1  
City-State-Zip: MIAMI FL 33169

Title           SD  
Name           DUCATEL, YVONNE  
Address        39 NW 166 STREET SUITE 1  
City-State-Zip: MIAMI FL 33169

*I hereby 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 all other like empowered.*

**SIGNATURE: GERALDINE LAZARRE**

**PRESIDENT**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date