


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90081 002 ****61.25

DOCUMENT # 742991 1. Entity Name GLOBAL FOUNDATION, INC.					
Principal Place of Business P.O. BOX 249055 CORAL GABLES FL 33124-9055 US			Mailing Address 6200 LEONARDO ST CORAL GABLES FL 33146-3338 US		
2. Principal Place of Business P.O. Box 249655		3. Mailing Address 			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. 			
City & State CORAL GABLES, FLORIDA		City & State 		4. FEI Number 59-1887705	
Zip 33124-9055		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KURSUÑOGLU, SEVDA A. 6200 LEONARDO ST. CORAL GABLES FL 33146			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. <div style="text-align: right; margin-top: 10px;"> Sevda Kursunoglu V/P & Treasurer 02/12/2006 </div>					
SIGNATURE <u>Sevda Kursunoglu</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLMUTTER, ARNOLD 6790 S.W. 52ND ST. MIAMI FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, JEAN 3 RUE HENRI HEINE-IFE PARIS, FRANCE	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KURSUÑOGLU, SEVDA A. 6200 LEONARDO ST. CORAL GABLES FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, WILLIS E., JR. 848 N. NORRIS AVE. TUCSON AR	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURSUÑOGLU, ISMET B 6200 LEONARDO STREET CORAL GABLES FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHME, SEVIL J 8946 CLIFFRIDGE AVE LA JOLLA CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, AYDA A. 2101 SUNRISE KEY Blvd. FT LAUDERDALE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.

Sevda A. Kursunoglu February 12, 2006 (305) 669-9411

SIGNATURE: Sevda Kursunoglu