

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90011 008 \*\*\*\*61.25

<b>DOCUMENT # 742991</b> 1. Entity Name <b>GLOBAL FOUNDATION, INC.</b>			
Principal Place of Business <b>P.O. BOX 249055</b> <b>CORAL GABLES, FL 33124-9055 US</b>		Mailing Address <b>6200 LEONARDO ST</b> <b>CORAL GABLES, FL 33146-3338 US</b>	
2. Principal Place of Business - No P.O. Box # <b>P.O. Box 249055</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>N/A</b>		Suite, Apt. #, etc.	
City & State <b>CORAL GABLES, FLORIDA</b>		City & State	
Zip <b>33124-9055</b>		Country <b>USA</b>	
4. FEI Number <b>59-1887705</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KURSUMOGLU, SEVDA A.</b> <b>6200 LEONARDO ST.</b> <b>CORAL GABLES, FL 33146</b>		7. Name and Address of New Registered Agent Name- Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u>Sevda Kursunoglu</u> (Sevda Kursunoglu V/P & Treasurer 01/30/2007) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERLMUTTER, ARNOLD 6790 S.W. 52ND ST. MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, AYDA A. 2101 SUNRISE KEY Blvd. FT LAUDERDALE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUTURE, JEAN 3 RUE HENRI HEINE-IFE PARIS, FRANCE,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KURSUMOGLU, SEVDA A. 6200 LEONARDO ST. CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, WILLIS E., JR. 848 N. NORRIS AVE. TUCSON, AR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURSUMOGLU, ISMET B 6200 LEONARDO STREET CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAHME, SEVIL J 8946 CLIFFRIDGE AVE LA JOLLA, CA	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 Chapter 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.			
SIGNATURE: <u>Sevda Kursunoglu</u> <span style="float: right;">Sevda A. Kursunoglu January 30, 2007 (305) 669-9411</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			