2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742991

FILED Mar 17, 2009 Secretary of State

Entity Name: GLOBAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place	e of Business:
P.O. BOX 249055 6200 LEONARDO ST MIAMI, FL 331249055 US CORAL GABLES, FL	
Current Mailing Address: New Mailing Addres	ss:
6200 LEONARDO ST CORAL GABLES, FL 331463338 US	
FEI Number: 59-1887705 FEI Number Applied For () FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address	of New Registered Agent:
KURSUNOGLU, SEVDA A. 6200 LEONARDO ST. CORAL GABLES, FL 33146 US KURSUNOGLU, SEV 6200 LEONARDO ST CORAL GABLES, FL	Τ.
The above named entity submits this statement for the purpose of changing its register in the State of Florida.	red office or registered agent, or both,
SIGNATURE:	03/17/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS: ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:
Title: SD () Delete Title: Name: PERLMUTTER, ARNOLD, Name: Address: 6790 S.W. 52ND ST. Address: City-St-Zip: MIAMI, FL City-St-Zip:	() Change () Addition
Title: D () Delete Title: Name: COUTURE, JEAN, Name: Address: 3 RUE HENRI HEINE-IFE Address: City-St-Zip: PARIS, FRANCE, City-St-Zip:	() Change () Addition
Title: VTD () Delete Title: Name: KURSUNOGLU, SEVDA A., Name: Address: 6200 LEONARDO ST. Address: City-St-Zip: CORAL GABLES, FL City-St-Zip:	() Change () Addition
Title: D () Delete Title: Name: LAMB, WILLIS E., JR., Name: Address: 848 N. NORRIS AVE. Address: City-St-Zip: TUCSON, AR City-St-Zip:	() Change () Addition
Title: PD () Delete Title: Name: KURSUNOGLU, ISMET B Name: Address: 6200 LEONARDO STREET Address: City-St-Zip: CORAL GALBES, FL City-St-Zip:	() Change () Addition
Title: D () Delete Title: Name: BRAHME, SEVIL J Name: Address: 8946 CLIFFRIDGE AVE Address: City-St-Zip: LA JOLLA, CA City-St-Zip:	() Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KURSUNOGLU, SEVDA A. VTD 03/17/2009