2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 04, 2008 08:00 AN Secretary of State DOCUMENT # K97840 1. Entity Name GLOBAL BUREAU OF INVESTIGATIONS, INC. Principal Place of Business Mailing Address 399 SW 79TH AVE 399 SW 79TH AVE MIAMI, FL 33144 1 US 🔨 MIAMI, FL 33144 US 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0160454 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, RICHARD DO NOT WRITE 399 SW 79TH AVE MIAMI, FL 33144 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RODRIGUEZ, RICHARD NAME STREET ADDRESS 399 SW 79TH AVE CITY-ST-ZIP MIAMI, FL 33144 TITLE NAME U00000815791 02/14/08-80022-018 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

12. I hereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports frue 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an actives, with a fother life empowered.

SIGNATURE: .

TITLE NAME STREET ADDRESS CITY-ST-ZIP