

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000028341

FILED
Aug 10, 2009
Secretary of State**Entity Name:** GLOBAL SECURITIES HOLDINGS, LLC**Current Principal Place of Business:**701 BRICKELL AVE
SUITE 1420
MIAMI, FL 33131**New Principal Place of Business:**1749 NE MIAMI CT
SUITE 202
MIAMI, FL 33132**Current Mailing Address:**701 BRICKELL AVE
SUITE 1420
MIAMI, FL 33131**New Mailing Address:**1749 NE MIAMI CT
SUITE 202
MIAMI, FL 33132**FEI Number:** 13-4226483**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WORLD CORPORATE SERVICES INC
2665 S BAYSHORE DRIVE
STE 703
MIAMI, FL 33133 US**Name and Address of New Registered Agent:**

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

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: HERNANDEZ, CESAR
Address: 701 BRICKELL AVENUE SUITE 1420
City-St-Zip: MIAMI, FL 33131 US**Title:** MGRM (X) Delete
Name: HERNANDEZ, GUSTAVO
Address: 701 BRICKELL AVE STE 1420
City-St-Zip: MIAMI, FL 33131**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: HERNANDEZ, GUSTAVO
Address: 1749 NE MIAMI CT SUITE 202
City-St-Zip: MIAMI, FL 33132 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GUSTAVO HERNANDEZ

MGR

08/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date