

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082341

FILED
Sep 02, 2009
Secretary of State

Entity Name: GLOBAL FINANCE GROUP, LLC

Current Principal Place of Business:

7355 SW 89 ST
APT.#624 N
MIAMI, FL 33156

New Principal Place of Business:

801 BRICKELL KEY BLVD
APT.#2311
MIAMI, FL 33131

Current Mailing Address:

7355 SW 89 ST
APT.#624 N
MIAMI, FL 33156

New Mailing Address:

801 BRICKELL KEY BLVD
APT.#2311
MIAMI, FL 33131

FEI Number: 20-1934418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PARRA, RAUL C
7355 SW 89 ST
APT.# 624 N
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

PARRA, RAUL C
801 BRICKELL KEY BLVD
APT.# 2311
MIAMI, FL 33131 US

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:

09/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PST () Delete
Name: PARRA, RAUL C
Address: 7355 SW 89 ST
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: PARRA, RAUL C
Address: 7355 SW 89 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAUL C. PARRA

PST

09/02/2009

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