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Apr 17, 2006 8:00 am
Secretary of State
04-03-2006 90077 005 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000008881

1. Entity Name
GLOBALIZE FUNDING, LLC

Principal Place of Business	Mailing Address
13499 BISCAYNE BLVD. SUITE 106 NORTH MIAMI, FL 33181	13499 BISCAYNE BLVD. SUITE 106 NORTH MIAMI, FL 33181

5000J228

03272006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
13499 Biscayne Blvd	13499 Biscayne Blvd
Suite, Apt. #, etc. 209	Suite, Apt. #, etc. 209
City & State North Miami, FL	City & State North Miami FL
Zip 33181 Country Dade	Zip 33181 Country Dade

4. FEI Number 55-0889600 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLI, JORGE
13499 BISCAYNE BLVD.
SUITE 106
NORTH MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MACLI, JORGE F 13499 BISCAYNE BLVD, SUITE 106 NORTH MIAMI, FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my 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: [signature] 4/6/06 305-944-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #