

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90420 004 ****50.00

DOCUMENT # L05000111482

1. Entity Name
GLOBAL ACQUISITION GROUP, LLC



60050597



Principal Place of Business Mailing Address
27 NORTH SUMMERLIN AVENUE **27 NORTH SUMMERLIN AVENUE**
ORLANDO, FL 32801 US **ORLANDO, FL 32801 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04232007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

STONE, STEPHEN M
725 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32803

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGRM Delete
 NAME: JAFFER, SADIQUE
 STREET ADDRESS: 790 SUMMA AVENUE
 CITY-ST-ZIP: WESTBURY, NY 11590

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: MGRM Delete
 NAME: LUTHRA, VIJAY
 STREET ADDRESS: 27 NORTH SUMMERLIN AVENUE
 CITY-ST-ZIP: ORLANDO, FL 32801

TITLE: MGRM Change Addition
 NAME: LUTHRA VIJAY & LUTHRA RITA
 STREET ADDRESS: 27 North Summerlin Ave
 CITY-ST-ZIP: Orlando, FL 32801

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: MGRM Change Addition
 NAME: ROTH, JAMES JR.
 STREET ADDRESS: 27 North Summerlin Ave.
 CITY-ST-ZIP: Orlando, FL 32801

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: MGRM Change Addition
 NAME: JAFFER, MOHAMEDTAKI
 STREET ADDRESS: 1738 BRIDGEWATER DRIVE
 CITY-ST-ZIP: LAKE MARY, FL 32746

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: MGRM Change Addition
 NAME: Pai, Vidya
 STREET ADDRESS: 790 SUMMA AVE
 CITY-ST-ZIP: WESTBURY, NY 11590

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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: *Sadique Jaffer* **MANAGING MEMBER** **4/23/07** **407-649-9888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

SADIQUE JAFFER