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May 01, 2008 8:00 am
Secretary of State
03-13-2008 90041 015 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

3/13

DOCUMENT # M68185

1. Entity Name
THE GLOBAL MARKETING CENTER, INC.

Principal Place of Business	Mailing Address
18206 BISCAYNE BLVD SUITE 2201 AVENTURA, FL 33160	18206 BISCAYNE BLVD SUITE 2201 AVENTURA, FL 33160

03072008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #: 18205 Biscayne Blvd
Suite, Apt. #, etc.: Suite # 2213
City & State: Aventura, FL
Zip: 33160 Country:

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0057839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, ALAN
19495 BISCAYNE CENTER
SUITE 800
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: Cohen, Alan
Street Address (P.O. Box Number is Not Acceptable): 18205 Biscayne Blvd suit 2213
City: Aventura FL Zip Code: 33160

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, ALAN	NAME	
STREET ADDRESS	18205 BISCAYNE BLVD #2213	STREET ADDRESS	
CITY-ST-ZIP	AVENTURA, FL 33160	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 or supplemental report is true 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/28/08 (305) 935-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #