
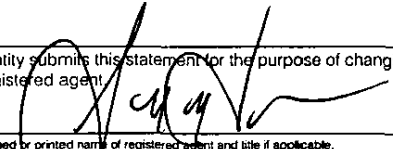
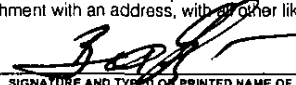


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90196 011 \*\*\*150.00

<b>DOCUMENT # P00000038721</b>					
<b>1. Entity Name</b> <b>GLOBO CORPORATION</b>					
<b>Principal Place of Business</b> 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131			<b>Mailing Address</b> 520 BRICKELL KEY DRIVE, 0-305 MIAMI, FL 33131		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01112006    Chg-P    CR2E034 (11/05)	
<b>4. FEI Number</b> 65-1006990				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TRANGLOBAL CORPORATE ADM., LLC 520 BRICKELL KEY DR. STE. 0-305 MIAMI, FL 33131			Name Transglobal Corporate Administration, LLC Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive - Suite 0-305 City    miami    FL    Zip Code    33131		
<b>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.</b> SIGNATURE:  DATE: 03/30/06					
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BASKIN, YUZYK 520 BRICKELL KEY DR STE 0-305 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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 or without other like empowered.</b>					
<b>SIGNATURE:</b>  <b>YUSIK BASKIN</b> 03/30/06    3053743800					
Signature and typed or printed name of signing officer or director    Date    Daytime Phone #					