

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000037049

1. Entity Name  
INTERNATIONAL GLOBAL GROUP, INC



Principal Place of Business  
2520 SW 22 ST  
SUITE 2-317  
MIAMI, FL 33145

Mailing Address  
P O BOX 451754  
MIAMI, FL 33245

**FILED**  
**Jun 13, 2008 08:00 AM**  
**Secretary of State**



06052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0563535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ALVAREZ, ALEXA R  
2520 SW 22 ST  
SUITE 2-126  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	CEO BURNS, ROBERT K 2520 SW 22 ST, SUITE #2-317 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BURNS, ALEJANDRA O 2520 SW 22 ST, SUITE #2-317 MIAMI, FL 33145
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000953075  
06/13/08-80002-007 158.75

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/08 305/303-5176  
Date Daytime Phone #