2003 FOR PROFIT CORPORATION

Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000063907 DOCUMENT # 04-18-2003 90236 012 ***150.00 1. Entity Name GLOBAL MARKET ENTERPRISES, INC. Principal Place of Business Mailing Address 745 PINELLAS BAYWAY SOUTH 745 PINELLAS BAYWAY SOUTH **UNIT 102 UNIT 102** TIERRA VERDE FL 33715 TIERRA VERDE FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 58-2652766 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 12 ODA LG U ENRIQUE RESIDENT AGENT CORPORATION OF PINELLAS CTY eet Address (P.O. Box Number is Not Acceptable) 980 TYRONE BLVD ST PETERSBURG FL 33710 IETTA VERNE 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 X Delete TITLE CNZIQUE RODIZIGUEZ RODRIGUEZ, ENRIQUE NAME NAME 745 PINELLAS BAYWAY STREET ADDRESS 11 DEMAREST PLACE STREET ADDRESS TIERRA VERDE 33715 PISCATAWAY NJ 08854 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with all other like empowered changed, or on an attac

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RINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4- 14-03 727-866-6647

Date Daytime Phone #

CR2E034 (10/02)

FILED