2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # P01000091414 02-20-2006 90059 001 *1,650.00 1. Entity Name GLOBAL HOLDINGS ENTERPRISES, INC. Principal Place of Business Mailing Address 660**01**753 C/O NICOLE J. HUESMANN, P.A. 150 ALHAMBRA CIR. **SUITE 1150** 150 ALHAMBRA CIR., STE 1150 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01102006 No Chg-P DO NOT WRITE IN THIS SPAC 4, FEI Number Applied For 65-1152352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ١ Fee Required 6. Name and Address of Current Registered Agent HUESMANN, NICOLE J DO NOT WRITE 150 ALHAMBRA CIR., STE 1150 T CORAL GABLES, FL 33134 IN THIS SPACE ্র 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE TSENG, MEI NA NAME STREET ADDRESS 150 ALHAMBRA CIR., STE 1150 CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. I hereby certify that the information supplied with this filling 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.

0

STREET ADDRESS

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

FILED