FILED
Jun 23, 2003 8:00 am
Secretary of State
05-05-2003 91801 022 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000047513

1. Entity Name
GLOBAL INVESTMENT USA, INC.

55049598

Principal Place of Business	Mailing Address
P.O. BOX 451821	P.O. BOX 451821
MIAMI FL 33145	MIAMI FL 33145

2. Principal Place of Business		3. Mailing Address	
345 OCEAN Dr		P.O Box 451821	
Suite, Apt. #, etc. #824		Suite, Apt. #, etc.	
City & State Miami Bch		City & State Miami Fl	
Zip 33131	Country	Zip 33145	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0677311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LORO, CARLOS	Name ARELIS M LORO
345 OCEAN DR #824	Street Address (P.O. Box Number is Not Acceptable) 345 Ocean Dr. Miami Bch #824
MIAMI BEACH FL 33139	City Fl FL Zip Code 33139

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] 4-1-03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	President	☐ Change ☒ Addition
NAME	LORO, CARLOS		NAME	ARELIS MARIA LORO	
STREET ADDRESS	345 OCEAN DR #824		STREET ADDRESS	345 OCEAN DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33138		CITY-ST-ZIP	Miami Beach Fl 33139	
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		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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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		

CR2E034 (10/02)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4-1-03 786-356 9115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #