2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P02000095088 02-06-2006 90061 041 ***158.75 1. Entity Name GLOBE DEVELOPMENT & MANAGEMENT INC. Principal Place of Business Mailing Address **3717 NE 15 STREET 3717 NE 15 STREET** HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 04-3715064 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOCTAR, EVANS Street Address (P.O. Box Number is Not Acceptable) **3717 NE 15 STREET** HOMESTEAD, FL 33033 City Zip Code 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME BENJAMIN, AUSTIN E NAME 19810 SW 118 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP MIAMI, FL 33177 Change Addition TITLE ☐ Delete LOCTAR, EVANS NAME Loctar, Evans **3717 NE 15 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 CITY-ST-ZIP 33030 HomesteaD. ☐ Delete ☐ Change Addition TITLE TITLE Benjamin, GLORIA NAME NAME STREET ADDRESS STREET ADDRESS 19810 SW 118 PC CITY-ST-ZIP miami, FL 33033 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 2 Benjamin, valencia 6110 NW 29 8+ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINSUILL, FL 32652 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of tostee 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.

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 06, 2006 8:00 am