2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 13, 2008 8:00 am Secretary of State **DOCUMENT # P02000123184** 1. Entity Name 05-13-2008 90062 001 ***600.00 GLOBAL SPIGALY GROUP, INC. Principal Place of Business Mailing Address 2980 SW 141 CT MIAMI FL 33175-6527 2980 SW 141 CT MIAMI FL 33175-6527 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State 68-0538281 Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REMEDIOS, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 2980 SW 141 CT MIAMI FL 33175-6527 Zip Code FI 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 eignature required when reinstrumg) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP TITLE TITL E Change ☐ Addition ☐ Delete NAME REMEDIOS, MANUEL A NAME STREET ADDRESS 2980 SW 141 CT STREET ADORESS MIAMI FL 33175-6527 CUY-ST-7IP CITY-ST-7IP D۷ TITLE ☐ Delete TITLE Change Addition REMEDIOS, MANUEL E NAME NAME 2980 SW 141 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175-6527 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete ☐ Change TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficer 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. if changed, or on an attachmen with an address, with all other like empo-

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P