

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134302

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: GLOBARB, INC.

**Current Principal Place of Business:**

7901 SEMINOLE BLVD  
#1302  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

7901 SEMINOLE BLVD  
#1302  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 02-0662257      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVINO, GLORIA  
7901 SEMINOLE BLVD  
SEMINOLE, FL 33772      US

**Name and Address of New Registered Agent:**

ALVINO, GLORIA D  
7901 SEMINOLE BLVD  
#1302  
SEMINOLE, FL 33772      US

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.

SIGNATURE: GLORIA D ALVINO      04/06/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: FITZPATRICK, BARBARA  
Address: 7901 SEMINOLE BLVD #1302  
City-St-Zip: SEMINOLE, FL 33772

Title: PD      ( ) Delete  
Name: ALVINO, GLORIA  
Address: 7901 SEMINOLE BLVD #1302  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TREA      (X) Change ( ) Addition  
Name: FITZPATRICK, BARBARA  
Address: 7901 SEMINOLE BLVD #1302  
City-St-Zip: SEMINOLE, FL 33772

Title: PRES      (X) Change ( ) Addition  
Name: ALVINO, GLORIA D  
Address: 7901 SEMINOLE BLVD #1302  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA D ALVINO      PRES      04/06/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date