2004 FOR PROFIT CORPORATION

Aug 04, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000154968 08-04-2004 90017 024 ***150.00 1. Entity Name GLOBAL INTERNATIONAL DEVELOPMENT, INC. Principal Place of Business Mailing Address **400 ALTON RD STE 1110** 400 ALTON RD STE 1110 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address 999 BRICKELL AUE 999 BRICKELL AUE Suite, Apt. #, etc. Suite, Apt. #, etc. 07162004 CR2E034 (10/03) 500 500 City & State City & State 4. FEI Number Applied For 20-1196394 MIRANT MIANT-Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 33131 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324 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. 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPST DEST TITLE ☐ Delete TITLE Change ☐ Addition FARPAN, FREDDY FARFAN, FREDDY NAME NAME 999 BRICKELL AJE STE 500 STREET ADDRESS **400 ALTON RD STE 1110** STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33139 CITY-ST-ZIP TIPNI FL 33131 ☐ Change TITLE ☐ Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 effect the 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.

Date

Daytime Phone #

YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED