

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000146198

1. Entity Name
GLOBAL RETAIL MANAGEMENT INC.



Principal Place of Business
**1201 NW 65TH PLACE
FT LAUDERDALE, FL 33309**

Mailing Address
**1201 NW 65TH PLACE
FT LAUDERDALE, FL 33309**



05062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1861664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROMANENKO, GEORGE
1201 NW 65TH PLACE
FT LAUDERDALE, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMPSON, KYFFIN
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	D
NAME	CAVE, GEOFFREY
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	D
NAME	KIRBY, ROBERT
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	D
NAME	CRANE, STEPHEN
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	D
NAME	MCPHAIL, DAVID
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

TITLE	D
NAME	ROMANENKO, GEORGE
STREET ADDRESS	1201 NW 65TH PLACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/08

Date

954-971-9393

Daytime Phone #