CITY-ST-ZP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2005 FOR PROFIT CORPORATION

Aug 19, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P04000165699 08-19-2005 90010 031 ***150.00 GLOBAL MESO PRODUCTS, INC. Principal Place of Business Mailing Address 844 ALTON ROAD SECOND FLOOR 844 ALTON ROAD SECOND FLOOR 50062511 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 07182005 Chg-P City & State City & State Applied For 4. FF1 Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KALIL, ABDALA Street Address (P.O. Box Number is Not Acceptable) 844 ALTON ROAD SECOND FLOOR MIAMI BEACH, FL 33139 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 ages SIGNATURE nent and title if applicable (NOTE: Registered Agent signature required when registating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE ☐ Delete TITLE ☐ Change Addition NAME KALIL, ABDALA NAME 844 ALTON ROAD SECOND FLOOR STREET ADDRESS STREET ADORESS DITY-ST-ZP MIAMI BEACH, FL 33139 CITY-ST-ZIP TIRE ☐ Delete TITLE Change ☐ Addition DEWANDRE, LUC MANE NAME STREET ADDRESS 844 ALTON ROAD SECOND FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE Defete TITS F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Addition TITLE ☐ Charice NAME STREET ADDRESS STREET ADDRESS

FILED

Change

Addition

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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an Add

CITY-ST-ZIP

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SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #