2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000040912

Title:

Name:

Address:

City-St-Zip:

Entity Name: GLOBE DEVELOPMENT GROUP, INC

FILED Feb 25, 2009 Secretary of State

Entity Nan	ne: GLOBE DE	EVELOPMENT GROUP, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
2433 THO	MAS DR.				
APT. #322	NT/ DEAGLE				
PANAMA (CITY BEACH, F	L 32408			
Current M	ailing Address	: :	New Mailing Address:		
	ND TERRACE , MA 02494	US			
FEI Number:	20-2489972	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of I	New Registered Agent:
APT. 128	DREY CHISON BLVC CITY BEACH, FI				
The above in the State		ubmits this statement for the pu	urpose of changing it	s registered o	office or registered agent, or both,
SIGNATUF	RE:				
	Electronic	Signature of Registered Ager	nt		Date
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MAZO, ANDREY	Delete ON BLVD., APT. 128 EACH, FL 32407	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () [GOLFARB, MAX 787 BAY ROAD SHARON, MA 02	Delete 2067	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () E SHNITMAN, MICH 9 B AVENUE NEWTON, MA 0		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	T () E LENDER, JULIAN 173 OAK STREE NEWTON, MA 0	т	Title: Name: Address: City-St-Zip:	T (X LENDER, JULI 22 OHIO AVEN NEWTON, MA	IUE

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREY MAZO P 02/25/2009

() Delete

2400 BEACON STREET STE401

GASSEL, VITALIY

NEWTON, MA 02467

() Change () Addition