

2006 FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000082095 1. Entity Name GLOBAL HOLDINGS INVESTMENT, INC.				 FILED NOV -7 PM 4:29 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 601 BRICKELL KEY DRIVE STE 604 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DRIVE STE 604 MIAMI, FL 33131		 10122006 Chg-P CR2E034 (11/05)	
2. Principal Place of Business 3225 AVIATION AVE. Suite, Apt. #, etc. Suite 302		3. Mailing Address 3225 AVIATION AVE Suite, Apt. #, etc. Suite 302			
City & State COCONUT GROVE, FL Zip Country 33133 U.S.A.		City & State COCONUT GROVE, FL Zip Country 33133 U.S.A.			
4. FEI Number 98-0470468				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 ARAZOZA & FERNANDEZ-FRAGA P.A. 2100 SALZEDO STREET STE 300 CORALMGABLES, FL 33134	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____	
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input type="checkbox"/> Delete CAMACHO, JORGE 601 BRICKELL KEY DRIVE STE 604 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DPS CAMACHO, JORGE 3225 AVIATION AVE. Suite 302 COCONUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500081594075 11/07/06--01049--020 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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				Date 10/26/06 305-860-3091 Daytime Phone #	