2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2007 8:00 am Secretary of State

| DOCUMENT # P06000035737 1. Entity Name GLOBAL INTERNATIONAL FUNDING AND ASSOCIATES. INC | | | | | 04-04-2007 90171 027 ****150.00 | | | | |
|---|--|--------------------------------------|---|-------------------------------|---------------------------------|-----------------------|---------------------------------------|---------------------------|-----------------------------|
| Principal Place | of Preinage | Mailing Address | | | 7 | bi | 50033 | 164 | |
| Principal Place of Business Mailing Address 2880 W OAKLAND PARK BLVD. 2880 W OAKLAND PARK BLVI SUITE 224 SUITE 224 | | | IK BLVD. | | | | | • | |
| FORT LAUDERDALE, FL 33311 US FORT LAUDERDALE, FL 33 | | . 33311 | us | | 1777 CAN COR 118 I | | IM AIN AN AI | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | |
| Suite 221 | | Suite, Apt. #, etc. | | | 01032007 | Chg-P | CR2E | 034 (12/06) | |
| City & State | | | | | 4. FEI Number | 454-11 | 43 | | optied For of Applicable |
| Zp St. m | Country USA | Zip | Count | try | 5. Certificate | of Status Desired | | \$8.75 Add Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered | Agent | |
| OLDONIA OIGADDO III | | | | Name Richardo J. Czronnz, Sr. | | | | | |
| CARONNA, RICARDO J II 2880 W OAKLAND PARK BLVD. SUITE 224 | | | Street Address (P.O. Box Number is Not Acceptable) 2880 W. OOK Izaad B.K Blud | | | | | | |
| FORT LAUDERDALE, FL 33311 | | | Suita | 22.1 | | | | | |
| | | | | City Fort | Lzuder | dre | F | Zip Cody | 311 |
| | named entity submits this statement to ions of registered agent. | r the purpose of changing its | registere | ed office or regist | ered agent, or bo | th, in the State of I | Florida. Lan | lamiliar with. | and accept |
| SIGNADIA 3/31/07 | | | | | | | <u></u> | | |
| | Signature, typed or printed name of registered again | nnd title if applicable (NOT | E Pergratores | d Agent signature requi | red when reinsliking) | _ | DAYE. | | |
| Fil. After M: | E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.0 | 9. Election Campa Trust Fund Conf | | icing \$. □ Ad | 5.00 May Be ided to Fees | | | | |
| to. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OF | FICERS AN | DOIRECTORS | S IN 11 |
| TITLE | Р | X Delete | TATLE | R | derdo. | 1. Gronn | z, Sr. | Change | Addition |
| NAME | CARONNA, RICARDO J II | | NAME TO SERVICE | ET ADDRESS 28 | 80 W. | Ordelizad | PK | Blud # | -22 |
| STREET ADDRESS CITY - ST - ZIP | 2880 W OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33311 | | | -SI-ZIP FU | 14 Loud | erdalz. | FL | 333 | 1/ |
| TITLE | | ☐ Delete | DILL | : | | | | Change | Addition |
| HAME | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS - ST-ZIP | | | | | |
| TITLE | | ☐ Deiele | LILLE | | | | | Change | Addition |
| NAME | | | NAM | I . | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | • | | ET ADDRESS -ST-ZIP | | | | | |
| ILLTE | | ☐ Delete | TITLE | | | | | Change | Addition |
| NAME STREET ADDRESS | | | NAM | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | | | 1 | | | | | | = |
| | | ☐ Detete | THTLE | | | | | Change | Addition |
| NAME CTOCCT APPROVES | | ☐ Delete | NAM | E | | | | [Change | L_1 Addition |
| NAME STREET ADDRESS CITY+ST-ZIP | | ☐ Delete | NAMI Stre | | | | | ∐ Change | L.) Addition |
| STREET ADDRESS | | ☐ Delete | NAMI Stre | E ET ADORESS - ST- ZIP | | | · · · · · · · · · · · · · · · · · · · | Change | Addition |
| STREET ADDRESS CITY+ST-ZIP | | | STRE CITY TITLE NAME | E ET ADDRESS -ST-ZIP | | | · | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. Hurther 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 it 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _