2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90042 023 ***150.00

DOCUMENT # P06000045808 1. Entity Name GLOBAL RENAISSANCE DEVELOPERS INC.						04-12-2007	90042 023 · · · 1	30.00
Principal Place of Business 970 NW 52 STREET #F MIAMI, FL 33127		Mailing Address 970 NW 52 STREET #F MIAMI, FL 33127				1 ABIN 8(884 BNR) (BN BEIR)		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-P	CR2E034 (12/06)	
City & Stat		City & State			4. FEI Number	3302		Applied For lot Applicable
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired	S8.75 Ac Fee Regula	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent	
CRUMBLE 970 NW 52 MIAMI, FL	2 STREET #F				P.O. Box Number	is Not Acceptable	r)	
				City			FL Zip Co	de
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered agent.			d Agent signature required		in the State of Flo		n, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Contr		1000	.00 May Be led to Fees			
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUMBLEY, LEROY 970 NW 52 STREET #F MIAMI, FL 33127	☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	ET ADDRESS -ST-ZIP			Change	☐ Addition
12. I hereby o	certify that the information supplied wi	th this filing does not qualify fo	r the exe	emptions contained	d in Chapter 119, I	Florida Statutes. I	further certify that the	information

r hereby certify that the information supplied with this filling 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:

2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUA	L REPORT			- +	Dept. a	1 Stato		
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Principal Plac	ce of Business		 ,	1			,		
970 NW 52 STREET #F MIAMI, FL 33127		Mailing Address 970 NW 52 STREET #F MIAMI, FL 33127			H	0058	504		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302007	Chg-P	CR2E034 (12/06			
City & State		City & State		4. FEI Numbe	163302		Applied For Not Applicable		
, Zip	Country	Zip	Coun	ıtry		of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent	**	Name	7. Name and	Address of New R	registered Agent		
CRUMBLEY, LEROY 970 NW 52 STREET #F MIAM!, FL 33127				Street Address (P.O. Box Number is Not Acceptable)					
WILMIN, I C	33127			City			Zip Co	ode	
	named entity submits this statement for								
SIGNATURE	Signature, lyped or printed name of registered agent E NOW!!! FEE IS \$150.00	9. Election Campa	iign Finan	+ -	.00 May Be		DATE	 	
	ay 1, 2007 Fee will be \$550.		tribution.		ed to Fees	CHANGES TO OSE	ICERS AND DIRECTO	IRC IN 11	
TITLE	P OFFICENS AND	Delete	TIFLE		MODITIONS/C	ANGES TO OFF	Change		
NAME STREET ADDRESS CITY-ST-ZIP	CRUMBLEY, LEROY 970 NW 52 STREET #F MIAMI, FL 33127		NAME STREE	 					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•				☐ Change	Addition	
TITLE NAME STREET ADORESS C/TY-ST-ZIP		☐ Defele	9	- 1			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i i			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	4				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				☐ Change	☐ Addition	
indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address,	s true and accurate and that no owered to execute this report	ny signati as requir	ure shall have the s	same legal effect	as if made under c	oath; that I am an office	er or director	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		3 30 0 Date	7 (796) A Daytime Phone *	<u>58 18</u> 66	