## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000056080

KARPOVA, ALINA

HALLANDALE, FL 33009

1001 NORTH FEDERAL HWY STE 102

Name:

Address: City-St-Zip:

Entity Name: GLOBEX INTERNATIONAL HOLDINGS, INC.

FILED Apr 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1001 NORTH FEDERAL HIGHWAY, STE 102 HALLANDALE, FL 33009 **Current Mailing Address: New Mailing Address:** 1001 NORTH FEDERAL HIGHWAY, STE 102 HALLANDALE, FL 33009 FEI Number: 20-4767832 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAKHOVSKY, FELIX 1001 NORTH FEDERAL HIGHWAY, STE 102 HALLANDALE, FL 33009 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition VAKHOVSKY, FELIX Name: Name: 1001 NORTH FEDERAL HIGHWAY, STE 102 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MIKHAYLOV, OLEG Name: 1001 NORTH FEDERAL HIGHWAY, STE 102 Address: Address: HALLANDALE, FL 33009 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FELIX VAKHOVSKY DPT 04/15/2009