FILED
Mar 21, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000106460

1. Entity Name
GLOBUS DISTRIBUTION CORP.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BOULEVARD SIXTH FLOOR MIAMI, FL 33131 US	200 SOUTH BISCAYNE BOULEVARD SIXTH FLOOR MIAMI, FL 33131 US

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03122008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5431275

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JCHPA REGISTERED AGENTS INC.
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PEREIRA, EDUARDO
STREET ADDRESS	ROSARIO SUR 91, OF. 101, LAS CONDES
CITY-ST-ZIP	SANTIAGO, – ———
TITLE	DTVP
NAME	CABEZAS, AMELIA
STREET ADDRESS	ROSARIO SUR 91, OF. 101, LAS CONDES
CITY-ST-ZIP	SANTIAGO, – ———
TITLE	S
NAME	PEREIRA, PAMELA
STREET ADDRESS	ROSARIO SUR 91, OF. 101, LAS CONDES
CITY-ST-ZIP	SANTIAGO, – ———
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: EDUARDO PEREIRA PRESIDENT 3/17/2008
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #