

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90044 029 ***150.00

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02232007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000124885 1. Entity Name GLOBALSPACE INTERACTIVE MEDIA, INC.			
Principal Place of Business 17011 NORTH BAY RD #604 MIAMI, FL 33160 US		Mailing Address 17011 NORTH BAY RD #604 MIAMI, FL 33160 US	
2. Principal Place of Business - No P.O. Box # 16909 n. BAY RD.		3. Mailing Address 16909 N. BAY RD.	
Suite, Apt. #, etc. 316		Suite, Apt. #, etc. 316	
City & State SUNNY ISLES BEACH, FL		City & State SUNNY ISLES BEACH, FL	
Zip 33160		Zip 33160	
Country USA		Country USA	
4. FEI Number 20-5629448		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHNEIDER, LEONARDO R 17011 NORTH BAY RD #604 MIAMI, FL 33160		7. Name and Address of New Registered Agent Name SCHNEIDER, LEONARDO R Street Address (P.O. Box Number is Not Acceptable) 16909 N. BAY RD. City SUNNY ISLES BEACH FL Zip Code 33160	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 03/01/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	PSD CARRASCO, RAUL FERNANDO M 17011 NORTH BAY RD #604 MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Carrasco, Raul Fernando M 16909 N, Bay RD. #316 Sunny isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SCHNEIDER, LEONARDO R 17011 NORTH BAY RD #604 MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD Schneider, Leonardo R 16909 N. Bay RD. #316 Sunny Isles Beach, FL 33160 <input checked="" 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
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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: VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 03/01/07 (954) 2461-08 <small>Date Daytime Phone #</small>	