


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 040 ***150.00

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| DOCUMENT # P06000133550 1. Entity Name GLOBAL BUSINESS & INVESTMENT USA INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 122 HIDDEN CT. RD. HOLLYWOOD, FL 33023 | | | Mailing Address 122 HIDDEN CT. RD. HOLLYWOOD, FL 33023 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 10 NW 42ND AVE | | 3. Mailing Address 10 NW 42ND AVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. Suite 400 | | Suite, Apt. #, etc. Suite 400 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | 4. FEI Number 20-5783871 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33126 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GAROFALO, FAUSTO 122 HIDDEN CT. RD. HOLLYWOOD, FL 33023 | | | | 7. Name and Address of New Registered Agent Name FAUSTO GAROFALO Street Address (P.O. Box Number is Not Acceptable) 10 NW 42ND AVE Suite 400 City MIAMI FL Zip Code 33126 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 FAUSTO GAROFALO 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP GAROFALO, FAUSTO 122 HIDDEN CT. RD. HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP GAROFALO, FAUSTO 122 HIDDEN CT. RD. HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete | | | | | | | | | | | | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP FAUSTO GAROFALO 10 NW 42ND AVE, Suite 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table> | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FAUSTO GAROFALO 10 NW 42ND AVE, Suite 400 MIAMI, FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | |
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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: X FAUSTO GAROFALO 4/21/08 205445-1822 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |