2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 29, 2008 8:00 am Secretary of State DOCUMENT # P07000028879 02-29-2008 90022 034 ***150.00 IZQUIERDO GLOBAL ENTERPRISES, INC. Principal Place of Business Mailing Address 1072 SE 155 ST 1072 SE 155 ST SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4 FELNumber Not Applicable \$8.75 Additional Zip Country. Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IZQUIERDO, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 1072 SE 155 ST SUMMERFIELD, FL 34491 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change: Addition TITLE ... Delete TITLE IZQUIERDO, ELIZABETH NAME . NAME STREET ADDRESS 1072 SE 155 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUMMERFIELD, FL 34491 ☐ Addition TITLE Delete TITEE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete ☐ Change TITLE THTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 equired by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attaghment with an address, with all other like) empowered.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LZGUIERISO 2.28-08