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Secretary of State
08-13-2008 90002 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000059997

1. Entity Name
GLOBAL MOLDS, INC.

66016322

07292008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
8890 CORAL WAY STE 219 MIAMI, FL 33165	8890 CORAL WAY STE 219 MIAMI, FL 33165

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 NW 72 AVE	777 NW 72 AVE
Suite, Apt. #, etc. 3033	Suite, Apt. #, etc. 3033
City & State Miami, FL	City & State Miami, FL
Zip 33126 Country USA	Zip 33126 Country USA

4. FEI Number 26-0214467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TORRES, RENE 8890 CORAL WAY STE 219 MIAMI, FL 33165	Name Noel R Puig Street Address (P.O. Box Number Is Not Acceptable) 777 NW 72 AVE Suite 3033 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: Noel R. Puig (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 07-31-2008

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, ANTERO CALLE LUIS F THOMEN # 10 SANTO DOMINGO,DOM RUPUBLIC, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTINEZ, MARCO CALLE LUIS F THOMEN # 10 SANTO DOMINGO,DOM RUPUBLIC, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ________ (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 07-31-2008 (Date) 305 267-0234 (Daytime Phone #)