

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068104

FILED  
May 05, 2009  
Secretary of State

Entity Name: GLOBALLY SPEAKING, INC.

## Current Principal Place of Business:

10670 SW 156 PLACE, STE. 303  
MIAMI, FL 33196

## New Principal Place of Business:

18459 PINES BLVD  
SUITE 133  
PEMBROKE PINES, FL 33029

## Current Mailing Address:

19 W. FLAGLER ST., STE. 620  
MIAMI, FL 33130

## New Mailing Address:

18459 PINES BLVD  
SUITE 133  
PEMBROKE PINES, FL 33029

FEI Number: 26-0447957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOBSON, FRANZ C.  
19 W. FLAGLER ST., STE. 620  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

GANSHAMDASANI, LALITA M  
18459 PINES BLVD  
SUITE 133  
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: LALITA GANSHAMDASANI

05/05/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LIBURD, GILLIAN R  
Address: 1345 SW 180TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: GANSHAMDASANI, LALITA M  
Address: 10670 SW 156TH PLACE, #303  
City-St-Zip: MIAMI, FL 33196

Title: T ( ) Delete  
Name: KNOWLES, CHARLES A  
Address: 8025 SW 107TH AVENUE, #224  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LALITA GANSHAMDASANI

VP

05/05/2009

Electronic Signature of Signing Officer or Director

Date