2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076081

Entity Name: CADRA GLOBAL, INC

Title:

Name:

Address: City-St-Zip: FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15532 SW 55 TERRACE MIAMI, FL 33185 **Current Mailing Address: New Mailing Address:** 15532 SW 55 TERRACE MIAMI, FL 33185 FEI Number: 26-0365571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, SENEN 15532 SW 55 TERRACE MIAMI, FL 33185 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GARCIA, SENEN D Name: Name: 15532 SW 55 TERRACE Address: Address: City-St-Zip: MIAMI, FL 33185 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: DA SILVA, LEONARDO H Name: 18541 SW 39 STREET Address: Address: MIRAMAR, FL 33029 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition FERNANDEZ, GIOVANNI Name: Name: 18020 SW 137 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33177 US City-St-Zip: Title: () Delete Title: () Change () Addition RAMOS, JOAQUIN R Name: Name: Address: 640 SW 62 AVENUE Address: City-St-Zip: MIAMI, FL 33144 US 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SENEN GARCIA D 04/14/2009

() Delete

4762 NW 107 AVENUE APT. 8-812

SILVIA, ANDREW

DORAL, FL 33178 US

() Change () Addition