

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017978

FILED  
May 19, 2009  
Secretary of State

Entity Name: GLOBAL ART NETWORK INC.

**Current Principal Place of Business:**

1000 PONCE DE LEON BLVD  
STE: 101  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1000 PONCE DE LEON BLVD  
STE: 101  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EXPRESS CORPORATE FILING SERVICE INC.  
1000 PONCE DE LEON BLVD  
STE: 101  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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

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: SD ( ) Delete  
Name: MARUGAN, SONIA  
Address: GENERAL PERON 32, 16 L  
City-St-Zip: MADRID, SP 28020

Title: VD ( ) Delete  
Name: PEDREIRA, JOSE RAMON  
Address: 1000 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: TD ( ) Delete  
Name: NAVARRO, ORIOL  
Address: TRAVESERA DE LES CORTS, 15-19 ENTRESUELO 2  
City-St-Zip: BARCELONA, SP 08028

Title: PD ( ) Delete  
Name: PERIS, BERNARDO  
Address: 1000 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

**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:

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: SONIA MARUGAN

SD

05/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date