

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000071763

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: ADORNUS GLOBAL PRODUCTS, INC.

## Current Principal Place of Business:

5120 NW 165TH STREET, BAY 100  
MIAMI GARDENS, FL 33014

## New Principal Place of Business:

16355 N.W. 48TH AVENUE  
MIAMI GARDENS, FL 33014

## Current Mailing Address:

5120 NW 165TH STREET, BAY 100  
MIAMI GARDENS, FL 33014

## New Mailing Address:

16355 N.W. 48TH AVENUE  
MIAMI GARDENS, FL 33014

FEI Number: 26-3129943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSKOVITZ, DANIEL ESQ  
48 EAST FLAGLER ST  
PENTHOUSE 104  
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REEVES, TERRI G  
Address: 964 HARBORVIEW N  
City-St-Zip: HOLLYWOOD, FL 33019

Title: D ( ) Delete  
Name: GELBAND, EDWARD T  
Address: 8339 NW 80TH ST  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete  
Name: MEJIAS, JORGE C  
Address: 741 NW 129TH AVE  
City-St-Zip: MIAMI, FL 33182

Title: D ( ) Delete  
Name: LI, ZHI  
Address: 4371 LAUREL RIDGE CIRCLE  
City-St-Zip: WESTON, FL 33331

## 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: TERRI REEVES

DIR

01/08/2009

Electronic Signature of Signing Officer or Director

Date