2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108190

Entity Name: GLOBAL TRADE INSURANCE CORP

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

9380 SUNSET DRIVE 5201 BLUE LAGOON DR. B 140 8 TH FLOOR MIAMI, FL 33173 US MIAMI, FL 33126 US

Current Mailing Address: New Mailing Address:

9380 SUNSET DRIVE 5201 BLUE LAGOON DR. B 140 8 TH FLOOR MIAMI, FL 33173 US MIAMI, FL 33126 US

FEI Number: 26-3867006 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:

 LUIS, CASTILLO G
 9380 SUNSET DR.
 5201 BLUE LAGOON DR.

 B 140
 8TH FLOOR

 MIAMI, FL 33173 US
 MIAMI, FL 33126 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: LUIS CASTILLO 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 () Change () Addition

 Name:
 BARKER, JULIE H
 Name:

 Address:
 4135 BRIAR LANE
 Address:

 City-St-Zip:
 WESTON, FL 33332
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition
Name: CASTILLO LUIS G Name: CASTILLO LUIS

 Name:
 CASTILLO, LUIS G
 Name:
 CASTILLO, LUIS

 Address:
 7840 SW 126 TERR
 Address:
 7840 SW 126 TERR

 City-St-Zip:
 MIAMI, FL 33156
 City-St-Zip:
 MIAMI, FL 33156

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: LUIS CASTILLO D 04/30/2009