2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 8:00 am Secretary of State 05-03-2005 90139 004 ***150.00 DOCUMENT # P94000018041 1. Entity Name GLOBAL BUSINESS ENTERPRISES, INC. Principal Place of Business Mailing Address 8840 - 9TH STREET, NORTH 8840 - 9TH STREET, NORTH 50046897 ST. PETERSBURG, FL 33702 ST. PETERSBURG, FL 33702 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-3229890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADNAN RAHMAN, MOHAMMAD D Street Address (P.O. Box Number is Not Acceptable) 8840 - 9TH STREET, NORTH ST. PETERSBURG, FL 33702 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE CEO RAHMAN, MOHAMMED ADNAN D. ADNAN RAHMAN, MOHAMMAD D NAME NAME 8840 - 9TH STREET NORTH STREET ADDRESS 8840 - 9TH STREET, NORTH STREET ADDRESS ST. PETERSBURG, FL 33702-3444 ST, PETERSBURG, FL 33702 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE DVS ☐ Delete TITLE VICE-PRESIDENT RAHMAN, MOHAMMED HIKMAN A 8840 – 9TH STREET NORTH HIKMAN RAHMAN, MOHAMMAD A NAME NAME STREET ADDRESS STREET ADDRESS 2137 CARLOS DR ST. PETERSBURG, FL 33702-3444 CITY-ST-ZIP CLEARWATER, FL 34698 CITY_ST_7IP ☐ Addition Change ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED