

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000015516

1. Entity Name
GLOBAL SOURCING & TRADING, INC.



Principal Place of Business
5991 CHESTER AVE.
108
JACKSONVILLE, FL 32217

Mailing Address
5991 CHESTER AVE.
108
JACKSONVILLE, FL 32217



01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3557549
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLIMAN, HY W
5991 CHESTER AVE., #108
JACKSONVILLE, FL 32217

**DO NOT WRITE
IN THIS SPACE**

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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000789882
01/23/08-80011-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KLIMAN, HY W
STREET ADDRESS 5991 CHESTER AVE, STE 208
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE D
NAME KLIMAN, LOVEE L
STREET ADDRESS 5991 CHESTER AVE, STE 208
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Hy W. Kliman 11/11/07 904.448.1256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #