## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000080943

CHIRINOS, GUSTAVO

MIAMI, FL 33183

6225 SW KENDALE LAKES CIR #D162

Name:

Address:

City-St-Zip:

FILED Feb 06, 2008 Secretary of State

Entity Nan	ne: GLOB.	AL BUSINESS PARTNERS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
13205 SW STE 225		10			
MIAMI, FL	33186 C	JS			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
13205 SW STE 225 MIAMI, FL		JS	P.O BOX 960129 MIAMI, FL 33296 U	S	
FEI Number:	65-0948171	FEI Number Applied For ( ) FEI I	Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GONZALEZ, BORIS 10322 SW 161 PL MIAMI, FL 33196 US			GONZALEZ, BORIS 16634 SW 79 TERR MIAMI, FL 33193 U	16634 SW 79 TERR	
The above in the State		ity submits this statement for the purpos	e of changing its registered	d office or registered agent, or both,	
SIGNATURE: BORIS GONZALEZ				02/06/2008	
	Elect	ronic Signature of Registered Agent		Date	
Election Cam	ıpaign Finan	cing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD GONZALEZ 16634 SW MIAMI, FL	79 TERRACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD INATTY, PE 16641 SW MIAMI, FL	82 TEL	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	TD	(X) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BORIS GONZALEZ PD 02/06/2008