

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000084873

**Entity Name:** GLOBAL ALUMNI CORP.

**Current Principal Place of Business:**

7950 NW 53RD ST  
MIAMI, FL 33166

**FILED**  
**Feb 13, 2020**  
**Secretary of State**  
**8664778650CC**

**Current Mailing Address:**

7950 NW 53RD ST  
MIAMI, FL 33166 US

**FEI Number: 35-2545586**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ALONSO & GARCIA, P.A.  
5805 BLUE LAGOON DR STE 200  
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: DOMINGO ALONSO**

**02/13/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT, CEO  
Name           RIVAS SUAREZ, PABLO  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

Title           DIRECTOR, SECRETARY  
Name           ROLLERT, JOHN PAUL  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

Title           DIRECTOR  
Name           GARCIA, RAMON  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

Title           DIRECTOR, CHAIRMAN  
Name           CHOOKASZIAN, DENNIS  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

Title           DIRECTOR  
Name           LANSBERG, DANIEL  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

Title           TREASURER  
Name           MOREIRA PASCUAL, ISABEL  
Address        7950 NW 53RD RD STREET  
                  STE 337  
City-State-Zip: MIAMI FL 33166

*I hereby 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 all other like empowered.*

**SIGNATURE: RIVAS SUAREZ , PABLO**

**DIRECTOR, PRESIDENT,   02/13/2020**  
**CEO**

Electronic Signature of Signing Officer/Director Detail

Date