2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 06, 2007 8:00 am Secretary of State **DOCUMENT #283197** 04-06-2007 90050 037 ***150.00 GLENROYAL ENTERPRISES, INC. Principal Place of Business Mailing Address % FRANCISCO PRADO % FRANCISCO PRADO 8350 SUNSET DRIVE 8350 SUNSET DRIVE S MIAMI, FL 33143 S MIAMI, FL 33143 CR2E034 (11/05) 01252007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1704303 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRADO, ALESSANDRA DO NOT WRITE 8350 SW 72 STREET MIAMI, FL 33143 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRADO, ALESSANDRA NAME STREET ADDRESS 8350 SUNSET DR CITY-ST-ZIP S MIAMI, FL TITLE PALCZYNSKI, TERESA NAME STREET ADDRESS **12511 RAMIRO** City-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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