


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # J43902
 1. Entity Name
 GLENTIQUES LTD., INC.



Principal Place of Business Mailing Address
 1940 AUGUSTA TERR. 1940 AUGUSTA TERR.
 P O BOX 8807 P O BOX 8807
 CORAL SPRINGS, FL 33075 CORAL SPRINGS, FL 33075

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2753225 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KIRSNER, GARY
 1940 AUGUSTA TERR.
 CORAL SPRINGS, FL 33071

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSNER, KAREN A. 1940 AUGUSTA TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KIRSNER, GARY L. 1940 AUGUSTA TERRACE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000174434
 01/10/05-80011-006 150.00

DO NOT WRITE IN THIS SPACE

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: Gary Kirsner 1/6/05 954 344 9851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #