


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 09, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 1940 AUGUSTA TERR. P O BOX 8807 CORAL SPRINGS, FL 33075	Mailing Address 1940 AUGUSTA TERR. P O BOX 8807 CORAL SPRINGS, FL 33075
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2753225	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSNER, GARY
 1940 AUGUSTA TERR.
 CORAL SPRINGS, FL 33071

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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 Gary Kirsner, Secretary DATE 1/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
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 01/09/07-80050-001 150.00

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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: [Signature] DATE 1/5/07 DAYTIME PHONE # 9543449856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR