

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016886

FILED
May 09, 2008
Secretary of State

Entity Name: GLORAL LLC

Current Principal Place of Business:

600 N.E. 36TH STREET
APT # 1620
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

600 N.E. 36TH STREET
APT # 1620
MIAMI, FL 33137 US

New Mailing Address:

801 SOUTH FEDERAL HWY
APT # 807
POMPANO BEACH, FL 33062 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KIC, MICHAL
600 N.E. 36TH STREET
APT # 1620
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIC, MICHAL
Address: 600 N.E. 36TH STREET # 1620
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: CELLAROVA, ANNA
Address: 600 N.E. 36TH STREET # 1620
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CELLAROVA, ANNA
Address: 801 SOUTH FEDERAL HWY #807
City-St-Zip: POMPANO BEACH, FL 33062

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAL KIC

MR

05/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date