
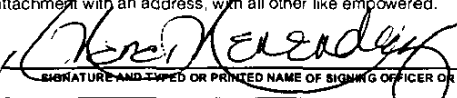


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 025 ***150.00

DOCUMENT # P02000065728			
1. Entity Name GLFINANCIAL CORP.			
Principal Place of Business 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip	Country	Zip	Country
4. FEI Number 02-0633813		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		7. Name and Address of New Registered Agent	
HELFSMAN, STEVEN M 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 Sunrise		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-statuting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ITZHAK, EZRATTI 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sunrise, FL 33323
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT Sunrise, FL 33323
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: 		N. MARIA MENENDEZ, VICE PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/27/07 Daytime Phone #: 954-753-1730	

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