
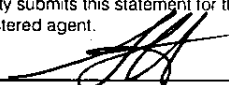
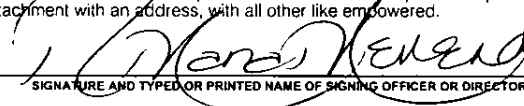


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90226 009 \*\*\*150.00

DOCUMENT # P02000065728					
1. Entity Name GLFINANCIAL CORP.					
Principal Place of Business 1600 SAWGRASS CORP PKWY STE <del>300</del> 230 SUNRISE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY STE <del>300</del> 230 SUNRISE, FL 33323			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04142008 Chg-P CR2E034 (12/06)	
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		
HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY STE <del>300</del> 230 FORT LAUDERDALE, FL 33323			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 				DATE 4/29/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ITZHAK, EZRATTI		NAME		
STREET ADDRESS	1600 SAWGRASS CORP PKWY STE 300		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	VAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FANT, ALAN J		NAME		
STREET ADDRESS	1600 SAWGRASS CORP PKWY STE 300		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORWALK, RICHARD M		NAME		
STREET ADDRESS	1600 SAWGRASS CORP PKWY STE 300		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CORBAN, PAUL		NAME		
STREET ADDRESS	1600 SAWGRASS CORP PKWY STE 300		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MENENDEZ, N. MARIA		NAME		
STREET ADDRESS	1600 SAWGRASS CORP PKWY STE 300		STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230	
CITY-ST-ZIP	SUNRISE, FL 33323		CITY-ST-ZIP	Sunrise, FL 33323	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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		9/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		954-753-1730	
				Daytime Phone #	