

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065728

FILED  
Apr 22, 2011  
Secretary of State

Entity Name: GLFINANCIAL CORP.

**Current Principal Place of Business:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 SAWGRASS CORP PKWY  
SUITE 400  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 02-0633813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HELFMAN, STEVEN M  
1600 SAWGRASS CORP PKWY  
STE 400  
FORT LAUDERDALE, FL 33323 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ITZHAK, EZRATTI  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: VAS  
Name: FANT, ALAN J  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: V  
Name: NORWALK, RICHARD M  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: S  
Name: CORBAN, PAUL  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

Title: VT  
Name: MENENDEZ, N. MARIA  
Address: 1600 SAWGRASS CORP PKWY, STE 400  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD M. NORWALK

V

04/22/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date