

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000107142

Entity Name: GBA PROPERTIES, INC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

26 DIPLOMAT PKWY
COMMERCIAL UNIT # 2
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

26 DIPLOMAT PKWY
COMMERCIAL UNIT # 2
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 86-1112673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZER, BRONYA
26 DIPLOMAT PKWY
COMMERCIAL UNIT # 2
HALLANDALE BEACH, FL 33009 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLAZER, ANATOLY
Address: 3725 S OCEAN DR APT 1518
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP () Delete
Name: GLAZER, BRONYA
Address: 3725 S OCEAN DR APT 1518
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 an address, with all other like empowered.

SIGNATURE: ANATOLY GLAZER

P

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date