2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State
04-15-2008 90020 008 ***150.00

DOCUMENT # P07000108868

1. Entity Name
THE GLADES ATLANTIC CORPORATION

66012371

1st MOORE CR2E034 (10/07)

Principal Place of Business	Mailing Address
617 SW M.L.K. JR. BLVD BELLE GLADE FL 33430	617 SW M.L.K. JR. BLVD BELLE GLADE FL 33430

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
617 SW M.L.K JR. Blvd	P.O. BOX - 301
Suite, Apt. #, etc.	Suite, Apt. #, etc. Belleglade
City & State Belleglade	City & State
Zip FL-33430 Country W.P.B.	Zip FL-33430 Country W.P.B.

4. FEI Number 71-1045163 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTGOMERY, THOMAS 1 SE M.L.K. JR BLVD BELLE GLADE FL 33430	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 FARZANA MUNIA FARZANA Munia 3/31/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 MUNIA, FARZANA 617 SW M.L.K. JR. BLVD BELLE GLADE FL 33430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: FARZANA MUNIA FARZANA Munia 3/31/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #