


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # P98000065318 1. Entity Name G L A SAT SYSTEM CORP.	
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Principal Place of Business 510 SW 51 AVE MIAMI FL 33134	Mailing Address 510 SW 51 AVE MIAMI FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0855029	Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">6. Name and Address of Current Registered Agent</td> <td style="width: 50%; padding: 5px;">7. Name and Address of New Registered Agent</td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> CASTILLO, GREGORIO A 510 SW 51 AVE MIAMI FL 33134 </td> <td style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; text-align: right;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">FL</td> <td style="width: 50%; padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table> </td> </tr> </table>		6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	CASTILLO, GREGORIO A 510 SW 51 AVE MIAMI FL 33134	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; text-align: right;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">FL</td> <td style="width: 50%; padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">FL</td> <td style="width: 50%; padding: 5px;">Zip Code</td> </tr> </table>	FL	Zip Code
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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 **2-6-07.**

(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD CASTILLO, ALEJANDRO 510 SW 51 AVE MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000627718 02/15/07-80067-023 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CASTILLO, GREGORIO A 510 SW 51 AVE MIAMI FL 33134 <input 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	D CASTILLO, TEODORA 510 SW 51 AVE MIAMI FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **2-6-07.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #