


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91014 015 ***150.00

DOCUMENT # P98000090558

1. Entity Name
 GLAC USA, INC.



Principal Place of Business
 7000 BONITA DR., STE #507
 MIAMI BEACH, FL 33141
*1020 MERIDIAN AVE #601
 Miami Beach, FL 33139*

Mailing Address
 6538 COLLINS AVE. *1020 Meridian Ave*
 #477 *#601*
 MIAMI BEACH, FL 33141 *Miami Beach FL 33139*

94081321



DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0887001

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TESSORE, ANDREA
 7000 BONITA DR., STE #507
 MIAMI BEACH, FL 33141

*1020 Meridian Ave #601
 Miami Beach, FL 33139*

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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: *4/26/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00


9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TESSORE, ANDREA
STREET ADDRESS	7000 BONITA DR #507 <i>1020 Meridian Ave #601</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33141 <i>Miami Beach FL 33139</i>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *4/26/04*

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