2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005
Secretary of State

DOCUMENT# 327468

Entity Name: GLADYS APARTMENTS, INC.

Current Principal Place of Business:

1116 NW 50 DRIVE
POMPANO BEACH, FL 33110

New Principal Place of Business:

16400 NE 29 AVENUE
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

1116 NW 50 DRIVE
POMPANO BEACH, FL 33110

New Mailing Address:

16400 NE 29 AVENUE
NORTH MIAMI BEACH, FL 33160

FEI Number: 59-1230835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAZOZA, COMAS DE TORRE
101 MADERIA AVE
CORAL GABELS, FL 33134 US

Name and Address of New Registered Agent:

ARAZOZA, COMAS DE TORRE
2100 SALZEDO STREET
SUITE 300
CORAL GABELS, FL 33134 US

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: 05/31/2005
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SUERO, HEIDI G
Address: 3860 N. 51ST AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete
Name: WALSH, CARMEN
Address: 1116 NW 50 DR.
City-St-Zip: POMPANO BEACH, FL 33060

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SUERO, HEIDI G
Address: 15356 SW 40 STREET
City-St-Zip: DAVIE, FL 33331

Title: VP (X) Change ( ) Addition
Name: GOMEZ, RODOLFO A
Address: 16400 NE 29 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SEC ( ) Change (X) Addition
Name: MARIN, AURELIA
Address: 16400 NE 29 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HEIDI G SUERO PD 05/31/2005
Electronic Signature of Signing Officer or Director — Date