04-03-2006 90413 026 ****61.25
FILED
649258
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 14 AM 9:46

50008725

03282006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Amended

DOCUMENT # 649258

1. Entity Name
HALGLENN CORP.

Principal Place of Business	Mailing Address
1428 BRICKELL AVE. SUITE 105 MIAMI, FL 33131-0494	1428 BRICKELL AVE. SUITE 105 MIAMI, FL 33131-0494

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1957314 — 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
HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL 33131	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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	VP ☐ Delete	TITLE	AS ☐ Change ☒ Addition
NAME	HALPRYN-LEVIN, ALISON	NAME	CABRERA, MARLENE
STREET ADDRESS	1428 BRICKELL AVE #105	STREET ADDRESS	1428 BRICKELL AVE#105
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	MIAMI FL 33131
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALPRYN, ERNEST M	NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	VSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALPRYN, GLENN L.	NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	AS ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HURTADO, ELLISA	NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HALPRYN, DIANE T	NAME	
STREET ADDRESS	1428 BRICKELL AVE #105	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: GLENN L HALPRYN, VSTD 3-1-06 305 371-4112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4/18 ed