

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90016 026 ***150.00

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1. Entity Name

GLOJO HOLDINGS, INC. N-V.



Principal Place of Business

C/O WILLIAM P. MCCURRY, CPA
213010 POWERLINE ROAD, SUITE 204
BOCA RATON, FL 33433

Mailing Address

C/O WILLIAM P. MCCURRY, CPA
213010 POWERLINE ROAD, SUITE 204
BOCA RATON, FL 33433

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2094884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCURRY, WILLIAM P.
21301 POWERLINE RD. STE 204
BOCA RATON, FL 33433

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IN THIS SPACE**

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, 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 D
NAME FIRST INDEPENDENT TRUST
STREET ADDRESS 7 ABRAHAM DE VEERSTREAAAT
CITY-ST-ZIP CURACAO N.A.,

TITLE D
NAME ESAU, JOSEPH P
STREET ADDRESS 7764 N.W. 44TH STREET
CITY-ST-ZIP SUNRISE, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

Joseph P. Esau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Jan. 19 2004 (868) 622-1094
Daytime Phone #