

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90133 043 ***150.00

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1. Entity Name
GLOJO HOLDINGS, INC.



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



02012005 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, WILIAM 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, 2005 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 VEERSTREAAT
CITY-ST-ZIP	CURACAO N.A.,
TITLE	D
NAME	ESAU, JOSEPH P
STREET ADDRESS	2761 N.W. 44TH STREET 21301 POWERLINE RD
CITY-ST-ZIP	SUNRISE, FL 33084 SUITE 204 BOCA RATON FL 33433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #