

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90384 019 ***150.00

DOCUMENT # 849950

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



2. Principal Place of Business
7 ABRAHAM DE VEERSTRAAT 21301 POWERLINE RD
Suite, Apt. #, etc.
SUITE 204

3. Mailing Address
21301 POWERLINE RD
Suite, Apt. #, etc.
SUITE 204

02032006 Chg-P CR2E034 (11/05)

City & State
CURACAO

City & State
BOCA RATON, FL

4. FEI Number
59-2094884
Applied For
Not Applicable

Zip
—

Country
NETHERLANDS ANTILLES

Zip
33433

Country
USA

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

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

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

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ESAU, JOSEPH P
21301 POWERLINE RD
BOCA RATON, FL 33433

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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☐ Change ☐ Addition

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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:

JOSEPH P. ESAU
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2006 868-622-1094
Date Daytime Phone #