


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000004992 1. Entity Name GLORIA S.A. CORP.	
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Principal Place of Business AVENIDA REPUBLICA DE PANAMA NO. 2461 LA VICTORIA, LIMA PERU,	Mailing Address AVENIDA REPUBLICA DE PANAMA NO. 2461 LA VICTORIA, LIMA PERU,
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03242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1612263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, SEAN L ESQ.
2900 EAST OAKLAND PARK BLVD., THIRD FLOOR
FT. LAUDERDALE, FL 33306

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000683512
04/05/07-80048-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD COLUMBO RODRIGUEZ, JORGE AVENIDA REPUBLICA DE PANAMA NO. 2461 LA VICTORIA, LIMA, PERU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MODESTO RODRIGUEZ, VITO AVENIDA REPUBLICA DE PANAMA NO. 2461 LA VICTORIA, LIMA, PERU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ODON RODRIGUEZ, JOSE 1700 N. DIXIE HIGHWAY, SUITE 142 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLAUDIO J AVENIDA REPUBLICA DE PANAMA NO. 2461 LA VICTORIA, LIMA, PERU,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24 2007 (561)3679002
Date Daytime Phone #