2004 FOR PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2004 90374 013 ***150.00 **DOCUMENT # H53342** 1. Entity Name **GLOREN INVESTMENT CORPORATION** Principal Place of Business Mailing Address 14004772 % GLENN L. HALPRYN % GLENN L. HALPRYN 1428 BRICKELL AVE #105 1428 BRICKELL AVE #105 MIAMI, FL 33131 MIAMI, FL 33131 No Chg-P 03152004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2536931 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALPRYN, GLENN L. DO NOT WRITE 1428 BRICKELL AVE SUITE 105 IN THIS SPACE MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HALPRYN, GLENN L. NAME 1428 BRICKELL AVE #105 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

FILED

Applied For

Not Applicable

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 arrapidress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn L. Halpryn

03/29/2004

(305) 371-4112