

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 006 ***150.00

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DOCUMENT # H53342 1. Entity Name GLOREN INVESTMENT CORPORATION					
Principal Place of Business % GLENN L. HALPRYN 1428 BRICKELL AVE #105 MIAMI, FL 33131			Mailing Address % GLENN L. HALPRYN 1428 BRICKELL AVE #105 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # 4400 BISCAYNE BOULEVARD Suite, Apt. #, etc. SUITE 950		3. Mailing Address 4400 BISCAYNE BOULEVARD Suite, Apt. #, etc. SUITE 950		03262007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2536931	
Zip 331373212		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALPRYN, GLENN L. 1428 BRICKELL AVE SUITE 105 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name GLENN L. HALPRYN Street Address (P.O. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD SUITE 950 City MIAMI FL Zip Code 331373212		
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: GLENN L. HALPRYN <i>[Signature]</i> 03/26/2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALPRYN, GLENN L. 1428 BRICKELL AVE #105 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALPRYN, GLENN L. 4400 BISCAYNE BOULEVARD SUITE 950 MIAMI FL 331373212	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: GLENN L. HALPRYN <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/26/2007 305-573-4112 <small>Date Daytime Phone #</small>		