


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L52432  
 1. Entity Name  
 GLADISCO (USA), INC.



Principal Place of Business %ROBERTO DATORRE 410 - 16TH STREET MIAMI BEACH, FL 33139	Mailing Address %ROBERTO DATORRE 410 - 16TH STREET MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1317967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DATORRE, ROBERTO  
 410 - 16TH STREET  
 MIAMI BEACH, FL 33139

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

100000681162  
 04/04/07-80032-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DATORRE, TOMAS 410 - 16TH STREET MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DATORRE, ROBERTO 410 16 ST MIAMI BCH, FL
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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 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: \_\_\_\_\_ **3/23/07** **305-5315493**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #