


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90037 039 \*\*\*150.00

**DOCUMENT # M01660**  
 1. Entity Name  
**G.L. REAL ESTATE & DEVELOPMENT CORPORATION**



Principal Place of Business  
**1600 SAWGRASS CORP PKWY STE 300**  
**FORT LAUDERDALE, FL 33323**  
*Sunrise*

Mailing Address  
**1600 SAWGRASS CORP PKWY STE 300**  
**FORT LAUDERDALE, FL 33323**  
*Sunrise*

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04192007 Chg-P CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
**MARK GRANT C/O RUDEN BARNETT**  
**200 E BROWARD BOULEVARD**  
**FT LAUDERDALE, FL 33302**

**7. Name and Address of New Registered Agent**  
 Name *Steven M. Helfman, Esq.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1600 Sawgrass Corporate Parkway, Suite 300*  
 City *Sunrise* FL Zip Code *33323*

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 *4/26/07*

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FANT, ALAN 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY STE 300 FORT LAUDERDALE, FL 33323 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>Sunrise FL 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>Sunrise, FL 33323</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>Sunrise, FL 33323</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE *4/26/07* DAYTIME PHONE # *954.753.1130*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR