

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008779

FILED  
Apr 21, 2007  
Secretary of State

Entity Name: GLORIOUS BEING CENTER, INC.

**Current Principal Place of Business:**

17800 SW 11 COURT  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

17800 SW 11 COURT  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 20-1645502      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMIREZ, GLORIA T  
17800 SW 11 COURT  
PEMBROKE PINES, FL 33029      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD      ( ) Delete  
Name: RAMIREZ, GLORIA  
Address: 17800 SW 11 COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VCD      ( ) Delete  
Name: RAMIREZ, FRANCINE  
Address: 2655 CARAMBOLA CIR N  
City-St-Zip: COCONUT CREEK, FL 33066

Title: TD      (X) Delete  
Name: MASURE, RHONDA  
Address: P.O BOX 221006  
City-St-Zip: HOLLYWOOD, FL 33022

Title: D      (X) Delete  
Name: GASQUE, MELBA  
Address: 600 NE 36TH STREET, # 208  
City-St-Zip: MIAMI, FL 33137

Title: D      (X) Delete  
Name: BAYER, CARY  
Address: 1051 HILLSBORO MILE, # 604  
City-St-Zip: HILLSBORO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRE      (X) Change ( ) Addition  
Name: MASURE, RHONDA  
Address: P.O BOX 221006  
City-St-Zip: HOLLYWOOD, FL 33022

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA RAMIREZ

CD

04/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date