


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # P00000087803 1. Entity Name GLADIMIR CORPORATION	
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Principal Place of Business
**403 N.W. 100TH TERR.
MIAMI, FL 33150**

Mailing Address
**403 N.W. 100TH TERR.
MIAMI, FL 33150**



02262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069564	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DOCTEUR, GLADIMIR
403 N.W. 100 TERR.
MIAMI, FL 33150**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity supplies 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

[Signature]
Signature: Typed or printed name of registered agent and 1102 if applicable.

(NOTE: Registered Agent signature required when rechartering)

DATE

02/26/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**00000072332
03/01/04-RM106-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DOCTEUR, GLADIMIR 403 NW 100TH TERRACE MIAMI, FL 33150
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (I)ke empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

02/26/04