

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90193 012 ***150.00

DOCUMENT # P01000079809 1. Entity Name GLOFELL COUNTERTOP CORPORATION <i>FELIX E. GUTIERREZ</i>	
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Principal Place of Business 13715 SW 139TH CT UNIT 105 MIAMI, FL 33186 US	Mailing Address 13607 N.W. 9TH ST. MIAMI, FL 33182
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DO NOT WRITE IN THIS SPACE

✓ 50017310



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1131055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, FELIX E
 13607 N.W. 9TH ST.
 MIAMI, FL 33182

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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, 2006 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	PST GUTIERREZ, FELIX E 13607 N.W. 9TH ST. MIAMI, FL 33182
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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____