
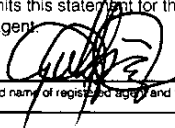
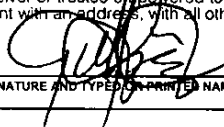


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90041 003 \*\*\*150.00

<b>DOCUMENT # P01000079809</b> 1. Entity Name <b>GLOFELL COUNTERTOP CORPORATION</b>					
Principal Place of Business <b>13715 SW 139TH CT UNIT 105 MIAMI, FL 33186 US</b>			Mailing Address <b>13607 N.W. 9TH ST. MIAMI, FL 33182</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>13715 SW 139th Ct.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Unit 105</b>			
City & State		City & State <b>miami, FL</b>			
Zip	Country	Zip <b>33186</b>	Country	4. FEI Number <b>65-1131055</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUTIERREZ, FELIX E 13607 N.W. 9TH ST. MIAMI, FL 33182</b>				7. Name and Address of New Registered Agent Name <b>Gutierrez, Felix E</b> Street Address (P.O. Box Number is Not Acceptable) <b>13715 SW 139 Ct. Unit 105</b> City <b>miami</b> <b>FL</b> Zip Code <b>33186</b>	
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: <b>02-10-08</b>	
(NOTE: Registered Agent signature required when reinstating)				FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>GUTIERREZ, FELIX E</b> <b>13607 N.W. 9TH ST.</b> <b>MIAMI, FL 33182</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>Gutierrez, Felix E</b> <b>13715 SW 139 Ct. Unit 105</b> <b>miami, FL 33186</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>02-10-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>305-502-4493</b>	