

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000100646	
1. Entity Name GLADIOLUS DEVELOPERS, INC.	

Principal Place of Business 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176	Mailing Address 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176
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03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-1148911	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ-VALLE, MARIA ESQ. 10570 N.W. 27 STREET UNIT 103 MIAMI, FL 33172
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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.

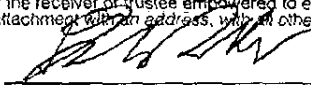
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	U000000480204 04/10/06-80036-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBLES, ALEJANDRO 11030 N. KENDALL DRIVE SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBLES, FRANK 11030 N. KENDALL DR. SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIAALLEN, EDUADO 11030 N. KENDALL DR. SUITE 100 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 	3/21/06 305-271-6997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #