



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000101683</b> 1. Entity Name <b>GLODEL WEST COAST, CORP.</b>																										
Principal Place of Business <b>18740 S.W. 357TH STREET FLORIDA CITY, FL 33034</b>	Mailing Address <b>18740 S.W. 357TH STREET FLORIDA CITY, FL 33034</b>																									
<h2>DO NOT WRITE IN THIS SPACE</h2>																										
<div style="text-align: right;">             04272004 No Chg-P CR2E034 (10/03)         </div>																										
4. FEI Number <b>65-1143629</b>		Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																								
6. Name and Address of Current Registered Agent  <b>MENDOZA, GLORIA H 18740 S.W. 357TH STREET FLORIDA CITY, FL 33034</b>																										
<h2>DO NOT WRITE IN THIS SPACE</h2>																										
9. 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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>																										
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b> </div> <div>           9. Election Campaign Financing            Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00 May Be Added to Fees</b> </div> </div>																										
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>PSTD</td> </tr> <tr> <td>NAME</td> <td>MENDOZA, GLORIA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>18740 S.W. 357TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FLORIDA CITY, FL 33034</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> <div style="flex: 1; text-align: center; padding: 20px;"> <h2>DO NOT WRITE IN THIS SPACE</h2> </div> </div>			TITLE	PSTD	NAME	MENDOZA, GLORIA	STREET ADDRESS	18740 S.W. 357TH STREET	CITY-ST-ZIP	FLORIDA CITY, FL 33034																
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.																										
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> <i>Gloria H. Mendoza</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <i>April 27, 2004</i>  <small>Date</small> </div> <div> <small>Daytime Phone</small> </div> </div>																										