

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90049 038 \*\*\*158.75

**DOCUMENT # P01000111906**

1. Entity Name  
**GLENBURY INVESTMENTS FLORIDA, INC.**



Principal Place of Business

9350 S DIXIE HWY  
1500  
MIAMI, FL 33156

Mailing Address

9350 S DIXIE HWY  
1500  
MIAMI, FL 33156

44002713



2. Principal Place of Business

929 Tulip Cr

Suite, Apt. #, etc.

Weston

City & State

Weston, FL

Zip  
33327

Country  
USA

3. Mailing Address

929 Tulip Cr

Suite, Apt. #, etc.

Weston

City & State

Weston, FL

Zip  
33327

Country  
USA

01072004

Chg-P

CR2E034 (10/03)

4. FEI Number

26-0016016

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J ESQ.  
9350 S DIXIE HWY  
1500  
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Glenbury Inv. FL, Inc

Street Address (P.O. Box Number is Not Acceptable)

929 Tulip Cr

City

Weston

FL

Zip Code

33327

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]*

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NEUMAN, AXEL I	
STREET ADDRESS	929 TULIP CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOEGLER, EILEEN	
STREET ADDRESS	929 TULIP CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>[Signature]</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen Koegler	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

*[Signature]*

AXEL NEUMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/04

Date

(954) 2173825

Daytime Phone #