


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P02000013381 1. Entity Name GLORIA MALDEN KAPLAN, INC. |  |
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| Principal Place of Business 356 GOLFVIEW RD. #702 NO. PALM BEACH, FL 33408 | Mailing Address 356 GOLFVIEW RD. #702 NO. PALM BEACH, FL 33408 |
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01262005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 08-1650190 | 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

KAPLAN, GLORIA M
356 GOLFVIEW RD.
#702
NO. PALM BEACH, FL 33408

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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, 2005 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 | PD KAPLAN, GLORIA M 356 GOLFVIEW RD. #702 NO. PALM BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V KAPLAN, IRA 356 GOLFVIEW RD #702 NORTH PALM BEACH, FL 33408 |
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01/28/05-80069-023 150.00

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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.

SIGNATURE: Gloria Malden Kaplan - GLORIA MALDEN KAPLAN 1/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

561-799-7090