## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2007 08:00 A Secretary of State **DOCUMENT # P02000043593** GLENWOOD CAPITAL, INC. Principal Place of Business Mailing Address 2070 S HIBISCUS DR 2070 S HIBISCUS DR N MIAMI, FL 33128 N MIAMI, FL 33128 02282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4243228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GLASER, ALLAN M DO NOT WRITE 11900 BISCAYNE BLVD. **SUITE 807** IN THIS SPACE MIAMI, FL 33181 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 Apent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE NAME CHUNG, PETER STREET ADDRESS 2070 S. HIBISCUS DRIVE CITY-ST-ZIP NORTH MIAMI, FL 33181 TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST- ZP

D NAME OF SIGNING OFFICER OR DIRECTOR

Daytyme Phone #

**FILED**