

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90015 022 ***150.00

DOCUMENT # P02000043803	
1. Entity Name GLI ANGELI CORPORATION	

Principal Place of Business 8035 BYRON AVE STE 2 MIAMI, FL 33141	Mailing Address 8035 BYRON AVE STE 2 MIAMI, FL 33141
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DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 45-0474821	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, EDUARDO 8035 BYRON AVE STE 2 MIAMI, FL 33141

**DO NOT WRITE
IN THIS SPACE**

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

April 16, 2004

**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 P	LOPEZ, EDUARDO
NAME	
STREET ADDRESS	8035 BYRON AVE STE 2
CITY-STATE-ZIP	MIAMI, FL 33141
TITLE TS	MONICA CORDOBA, DINA
NAME	
STREET ADDRESS	8035 BYRON AVE STE 2
CITY-STATE-ZIP	MIAMI, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 03, 2004