

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000058499

Entity Name: GLOVAN ENTERPRISES, INC.

FILED
Dec 22, 2006
Secretary of State

Current Principal Place of Business:

BRICKEL ON THE RIVER
31 SE 5TH ST. SUITE 2901
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

BRICKEL ON TH RIVER
31 SE 5TH ST. SUITE 2901
MIAMI, FL 33131

New Mailing Address:

FEI Number: 30-0080862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAITA-PATINO, OSCAR A
BRICKEL ON THE RIVER
31SE 5TH ST. SUITE 2901
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAITA-PATINO, OSCAR A
Address: 10910 NW 67 TERRACE
City-St-Zip: DORAL, FL 33178

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HART, MARGOT
Address: 31 SE 5TH ST SUITE 2901
City-St-Zip: MIAMI, FL 33131

Title: DVP () Change (X) Addition
Name: MAITA-PATINO, OSCAR
Address: 31 SE 5TH ST SUITE 2901
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGOT HART

DP

12/22/2006

Electronic Signature of Signing Officer or Director

_____ Date