

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064577

Entity Name: GLORY CAB INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

7325 NORTH MIAMI AVENUE  
MIAMI, FL 33150

## New Principal Place of Business:

## Current Mailing Address:

545 121ST  
MIAMI, FL 33161

## New Mailing Address:

FEI Number: 04-3702870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWER, MEUS  
545 NE 121 ST  
MIAMI, FL 33181 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: MEUS, POWER SR.  
Address: 545 NE 121ST  
City-St-Zip: MIAMI, FL 33181

Title: PCEO ( ) Delete  
Name: LYFAITE, ALEXIS  
Address: 11120 SPRINGFIELD PL  
City-St-Zip: COOPER CITY, FL 33026

Title: VP ( ) Delete  
Name: PETIT-FIERE, JOSEPH  
Address: 114 NW 98 STREET  
City-St-Zip: MIAMI, FL 33150

Title: S ( ) Delete  
Name: PAUL, PHANOR O  
Address: 1620 NW 128 ST  
City-St-Zip: MIAMI, FL 33168

Title: P ( ) Delete  
Name: JEAN-GABRIEL, PETIT-FOND  
Address: 1180 NW 120 ST  
City-St-Zip: MIAMI, FL 33168

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: POWER MEUS

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

Date