

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000067795

1. Entity Name
GLS ENTERPRISES, INC.



FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business
23316B SW 55TH AVE.
BOCA RATON, FL 33433

Mailing Address
23316B SW 55TH AVE.
BOCA RATON, FL 33433



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0723864

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TFIRN, DAVID
11365 SEAGRASS CIR.
BOCA RATON, FL 33498

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000582872
01/11/07-80048-014 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------|
| TITLE | D |
| NAME | SHIELDS, GARY L |
| STREET ADDRESS | 23316B SW 55TH AVE. |
| CITY-ST-ZIP | BOCA RATON, FL 33433 |
| TITLE | D |
| NAME | TFIRN, DAVID |
| STREET ADDRESS | 11365 SEAGRASS CIR. |
| CITY-ST-ZIP | BOCA RATON, FL 33498 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

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:

GARY L. SHIELDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/07 561 218-0056

Date

Daytime Phone #