

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000110140

1. Entity Name

G.L.G. IMPORT AND EXPORT, INC.



Principal Place of Business

7290 NW 66TH ST
MIAMI, FL 33166

Mailing Address

7290 NW 66TH ST
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

4. FEI Number

03-0486470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSADA, ALBA M
1161 NW 130TH AVE
PEMBROKE PINES, FL 33028

**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 renewing)

DATE

**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
NAME LOSADA, ALBA M
STREET ADDRESS 1161 NW 130TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VST
NAME LUSADA, GUILLERMO
STREET ADDRESS 1161 NW 130 AVE.
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000148910
05/03/04-80165-008 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Guillermo Losada **GUILLERMO LOSADA VP.** 04-30-04 305 463 7705