

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90406 041 ***150.00

DOCUMENT # P03000005814

1. Entity Name

GLORIA INTERNATIONAL, INC.



Principal Place of Business

266 WILSHIRE BLVD. SUITE 127
CASSELBERRY FL 32707

Mailing Address

266 WILSHIRE BLVD. SUITE 127
CASSELBERRY FL 32707

2. Principal Place of Business

3180 US Hwy 441/27

Suite, Apt. #, etc.

3. Mailing Address

3180 US Hwy 441/27

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Fruitland Park, FL

City & State

Fruitland Park, FL

4. FEI Number

11-3687021

Applied For

Not Applicable

Zip

34731

Country

USA

Zip

34731

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORNELIO, SANDYA S
266 WILSHIRE BLVD. SUITE 127
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CORNELIO, SANDYA S
STREET ADDRESS 266 WILSHIRE BLVD. SUITE 127
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ST ☐ Delete
NAME CORNELIO, OSWALD J
STREET ADDRESS 266 WILSHIRE BLVD. SUITE 127
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Sandhya Cornelio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-04 352-365-6070

Date

Daytime Phone #