2004 FOR PROFIT CORPORATION

May 05, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000013830 05-05-2004 90256 003 ***150.00 1. Entity Name GLADES PARTNERS, INC. ひいしにだいにに Mailing Address Principal Place of Business 1515 NORTH FEDERAL HIGHWAY, SUITE 306 1515 NORTH FEDERAL HIGHWAY, SUITE 306 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) 4. FEI Number 1678478 City & State City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Mark A. Gensheimer</u> KAMRADT, RUSSELL T ESQ Street Address (P.O. Box Number is Not Acceptable) 11641 KEW GARDENS AVENUE, SUITE 207 1515 N. Federal Highway PALM BEACH GARDENS, FL 33410 Suite 306 Zip Code 33432 Boca Raton 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 4/30/04 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE GENSHEIMER, MARK A NAME NAME 1515 NORTH FEDERAL HIGHWAY, SUITE 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify ton 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 fast 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.

FILED

4/30/04 (561) 750-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4