

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103743

1. Entry Name
GLORI HOLDING INC.



44004277



01072004 Chg-P: CR2E034 (10/03)

4. FEI Number: 20-0258294
Applied For: Not Applicable

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

Principal Place of Business: 780 NORTHWEST 42ND AVENUE, SUITE 516 MIAMI, FL 33126
Mailing Address: 780 NORTHWEST 42ND AVENUE, SUITE 516 MIAMI, FL 33126

2. Principal Place of Business 3. Mailing Address

State, Apt #, etc. State, Apt #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Aurelio A. Piedra CPA
Street Address (P.O. Box Number is Not Applicable): 180 NW 42 Ave # 516
City: Miami FL 33126

8. The above named entry 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: Aurelio A. Piedra 1/8/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Certificate Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '04	
TITLE: DPS NAME: CHAVES, JUAN C STREET ADDRESS: 780 NORTHWEST 42ND AVENUE, SUITE 516 CITY-STATE-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVPT NAME: CHAVES, CARLOS F STREET ADDRESS: 780 NORTHWEST 42ND AVENUE, SUITE 516 CITY-STATE-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing complies with the exemption stated in Section 113.07(1)(c), 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 and authority to act as empowered.

SIGNATURE: [Signature] 1/19/04