

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90037 038 \*\*\*150.00

**DOCUMENT # P03000150578**

1. Entity Name  
**GLORIOUS EMPORIUM, INC.**



Principal Place of Business      Mailing Address  
**4437 CENTRAL AVENUE**      **4437 CENTRAL AVENUE**  
**ST. PETERSBURG FL 33713**      **ST. PETERSBURG FL 33713**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



MOORE CR2E034 (11/03)

|                                    |  |  |  |                |
|------------------------------------|--|--|--|----------------|
| 4. FEI Number<br><b>56-2426151</b> |  |  |  | Applied For    |
|                                    |  |  |  | Not Applicable |

|   |  |  |    |
|---|--|--|----|
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required           |  |  |    |
| 6. Name and Address of Current Registered Agent   |  | 7. Name and Address of New Registered Agent                                    |    |
| <b>SPIEGEL &amp; UTRERA, P.A.</b><br><b>1840 SW 22ND ST.</b><br><b>4TH FLOOR</b><br><b>MIAMI FL 33145</b> |  | Name<br><del>William H. Krodel - EA, PA</del>                                  |    |
|   |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>4437 Central Ave.</b> |    |
|   |  | City<br><b>St. Petersburg,</b>   | FL |

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]*      DATE: *2/20/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |  |
|--|--|
| <p><b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2004 Fee will be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b></p> | <p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p> |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSTD <input type="checkbox"/> Delete<br><b>BROWER, SONNY</b><br><b>4437 CENTRAL AVENUE</b><br><b>ST. PETERSBURG FL 33713</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Sonny Brower*      Date: *2-25-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #