


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P04000032704 1. Entity Name GERSON GLORIA, INC.	
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Principal Place of Business 3909 CRESCENT CREEK DRIVE COCONUT CREEK, FL 33073 US	Mailing Address 3909 CRESCENT CREEK DRIVE COCONUT CREEK, FL 33073 US
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01152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0747953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLORIA, GERSON A  
 3909 CRESCENT CREEK DRIVE  
 COCONUT CREEK, FL 33073

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

U00000635680  
 02/14/07-80081-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GLORIA, GERSON A 3909 CRESCENT CREEK DRIVE COCONUT CREEK, FL 33073
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  2/2/07 954-818-2244

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