## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 09, 2007 08:00 Al Secretary of State **DOCUMENT # P04000070916** 1. Entity Name GLADIATOR INVESTMENTS, INC. Principal Place of Business Mailing Address 5807 NE 21ST AVENUE 5807 NE 21ST AVENUE FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1646115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TEDESCO, DANIEL L 320 SE 9TH STREET FORT LAUDERDALE, FL 33316 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, typed or printed name of registered agent and title if applicable. DATE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TEDESCO, DANIEL L NAME STREET ADDRESS 5807 NE 21ST AVENUE FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TILL. U00000579884 NAME 01/10/07-80020-023 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -S1-ZIP

12. I hereby certify that the infortnation supplied with this filling 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE HAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07 954-351.080 Daylore Priore #