2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90062 011 ***150.00

DOCUMENT # P04000074623

1. Entity Name
GLADES OIL CORPORATION

Principal Place of Business	Mailing Address
12000 S.W. 99TH AVENUE MIAMI, FL 33176	12000 S.W. 99TH AVENUE MIAMI, FL 33176

01182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
21250 Sheriden ST.	21250 Sheridan ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL.	City & State: Pembroke Pines, FL.
Zip: 33332 Country: United States	Zip: 33332 Country: United States

4. FEI Number: 20-1108011 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FULLER, ROBERT A 12000 S.W. 99TH AVENUE MIAMI, FL 33176	Name: Robert A. Fuller Street Address (P.O. Box Number is Not Acceptable): 21250 Sheridan ST City: Pembroke Pines, FL Zip Code 33332

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] Robert A. Fuller, President — 1-27-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RULLER, ROBERT A 12000 S.W. 99TH AVENUE MIAMI, FL 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Fuller, Robert A 21250 Sheridan ST. Pembroke Pines, FL. 33332 ☑ Change ☐ Addition
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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: [signature] — 1-27-05 — (954) 450-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #