


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90154 011 \*\*\*158.75

<b>DOCUMENT # P04000098404</b> 1. Entity Name <b>GLARICH INC.</b>																													
Principal Place of Business <b>P.O. BOX 521343</b> <b>MIAMI, FL 33152</b>			Mailing Address <b>P.O. BOX 521343</b> <b>MIAMI, FL 33152</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number <b>45-0539337</b>																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PEREZ, GLADYS</b> <b>971 EAST 26 STREET</b> <b>HIALEAH, FL 33013</b>				7. Name and Address of New Registered Agent Name <b>none (same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>P.O. BOX 521343</b> <b>MIAMI, FL</b> City <b>MIAMI</b> Zip Code <b>33152</b>																									
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: <i>[Signature]</i> DATE: <b>3/06/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ, GLADYS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>971 EAST 26 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33013</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	PEREZ, GLADYS		STREET ADDRESS	971 EAST 26 STREET		CITY-ST-ZIP	HIALEAH, FL 33013		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <i>[Signature]</i> DATE: <b>3/06/2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													



03012006 Chg-P CR2E034 (11/05)

FL Zip Code 33152

786-897-5266