


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-18-2008 90007 047 ***150.00

DOCUMENT # P04000106584	
1. Entity Name GLINEXP CORP	

Principal Place of Business 2453 ISLAND CLUB WAY ORLANDO, FL 32822 US	Mailing Address 2453 ISLAND CLUB WAY ORLANDO, FL 32822 US
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DO NOT WRITE IN THIS SPACE

66003091



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1378825	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 FERRERA, CARLOS 2453 ISLAND WAY ORLANDO, FL 32822

**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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IT SOLUTION SA DE CV BO MEDINA 14 CLL 5 AVE SAN PEDRO SULA, CO 00001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRERA, CARLOS 2453 ISLAND CLUB WAY ORLANDO, FL 32822
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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:  **FEB-22-08 4074829859**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #