

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
May 13, 2005 8:00 am
Secretary of State

04-14-2005 90094 049 ***150.00

DOCUMENT # P04000166251 1. Entity Name GLADIS INTERNATIONAL CORP.																																																																																																																			
Principal Place of Business 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134			Mailing Address 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134																																																																																																																
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Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																
City & State			City & State																																																																																																																
Zip		Country		Zip																																																																																																															
Country		4. FEE STATUS APPLIED FOR ☐ Applied For ☐ Not Applicable																																																																																																																	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03302005 Chg-P CR2E034 (10/03)																																																																																																															
6. Name and Address of Current Registered Agent ALBORNOZ, WILLIAM H ESQ. 901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																															
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)																																																																																																																			
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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">Delete</td> </tr> <tr> <td></td> <td>D</td> <td>ABRIL, ANTONIO</td> <td>901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134</td> <td style="text-align: center;">☐</td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">CITY- ST- ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> <tr><td colspan="6"> </td></tr> </table>						TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	Delete		D	ABRIL, ANTONIO	901 PONCE DE LEON BLVD., STE. 603 CORAL GABLES, FL 33134	☐																																									TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	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: _____ 4/11/05 (305) 444-1741 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																			

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