

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90154 023 \*\*\*150.00

<b>DOCUMENT # P05000065070</b>					
<b>1. Entity Name</b> GLORIA FORMS SERVICES, INC					
<b>Principal Place of Business</b> 4792- B ORLEANS CT WEST PALM BEACH, FL 33415 US			<b>Mailing Address</b> 4792- B ORLEANS CT WEST PALM BEACH, FL 33415 US		
<b>2. Principal Place of Business</b> <i>southern shore</i>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03042006 Chg-P CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b> BASTIDAS, GLORIA E 4792-B ORLEANS CT WEST PALM BEACH, FL 33415				<b>7. Name and Address of New Registered Agent</b> Name: <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> Zip Code:	
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BASTIDAS, GLORIA E <input type="checkbox"/> Delete 4792-B ORLEANS CT WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/4/06. 561-543-1193 Date Daytime Phone #		

66007381





ATTACHMENT

66007381

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

GLORIA FORMS SERVICES, INC  
4792- B ORLEANS CT  
WEST PALM BEACH, FL 33415 US

Subject: **GLORIA FORMS SERVICES, INC**

Reference Number: **P05000065070**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH

ANNUAL REPORTS SECTION