

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/ **FILED**
Jun 16, 2006 8:00 am
Secretary of State
05-02-2006 90420 008 ***150.00

DOCUMENT # P05000071874					
1. Entity Name GLAMOUR WORLD, INC.					
Principal Place of Business 1849 HIDDEN TRAIL LN WESTON, FL 33327-1456			Mailing Address 1849 HIDDEN TRAIL LN WESTON, FL 33327-1456		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 030561895	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DATA PROFESSIONALS, INC. 3935 NW 38TH TERRACE LAUDERDALE LAKES, FL 33309				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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	SINGH, SARABJIT		NAME		
STREET ADDRESS	1849 HIDDEN TRAIL LN		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 333271456		CITY-ST-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KAUR, PARMEET		NAME		
STREET ADDRESS	1849 HIDDEN TRAIL LN		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 333271456		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Sarabjit Singh</i>		SARABJIT SINGH		PRESIDENT 4-27-06 954-484-6998	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	