

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 28, 2006 8:00 am
Secretary of State

04-14-2006 90126 023 ***150.00

DOCUMENT # P05000127182

1. Entity Name
GLORIA F MORE P.A.



Principal Place of Business
7071 GILA LANE
WEST PALM BEACH, FL 33411

Mailing Address
7071 GILA LANE
WEST PALM BEACH, FL 33411



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

27-0136717

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORE, ANDRES C
2762 FLAMANGO LAKE DRIVE
WEST PALM BEACH, FL 33406

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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 P
NAME MORE, GLORIA F
STREET ADDRESS 7071 GILA LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME MORE, ANDRES C
STREET ADDRESS 7071 GILA LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MORE, ANA C
STREET ADDRESS 7071 GILA LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria F More

4/13/06 561-373-7444