2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000131037

FILED Apr 13, 2006 8:00 am Secretary of State 03-08-2006 90162 013 ***150.00

1. Entity Name GLORIA ARANGO INC.												
15421 NW 12 PLACE			Mailing Address 15421 NW 12 PLACE PEMBROKE PINES, FL 33028									
Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02272006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State				4. FEI Numb	0-355	7350	7 -	oplied For of Applicable
Zip	Country			Zip Count		try		5. Certificate	of Status Desired		8.75 Ad ee Require	ditional ed
6. Name and Address of Current Regis				· · · · · · · · · · · · · · · · · · ·				7. Name and Address of New Registered Agent				
		T1011				Name						
MACINTER CORPORATION 15802 NW 14 MANOR PEMBROKE PINES, FL 33028					Straet Address			(P.O. Box Number is Not Acceptable)				
				City						<u> </u>	15.0	
8. The above named entity submits this statement for the number of cl					ennictore	i	rictor	od paget or be	the in the Cream of C	FL.	Zip Cod	· ·
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												
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								.00 May Be ed to Fees				i
10. rt	OFFICERS AND DIRECTORS				11.	·····		ADDITIONS/	CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
NTLE	PD			☐ Delets	Delete TITLE						☐ Change	☐ Addition
NAME	ARANGO, GI		NAM							Ì		
STREET ADDRESS CITY-ST-ZIP	15421 NW 12 PEMBROKE			ET ADDRESS - ST-ZIP						:		
IUTE				☐ Delets	TITLE			-			Change	Addition
NAME	ì				NAM	_						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
TITLE		-			4-							
NAME				☐ Delete	TITLE						Change	Addition
STREET ADDRESS						ET ADORESS						. [
CITY_ST; ZIP	 ·				City-	-ST_: OP						
TITLE				☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS	l				NAM!	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	Addition
NAME	}				NAME	:					-	
STREET ADDRESS CITY-ST-ZIP						ET ADORESS ST-ZIP						1
TITLE			•	☐ Delete	TITLE						Change	Addition
NAME				- - - - - - - - - -	NAME						C) Granity	C) ACCION
STREET ADDRESS	•					et address				•		
CITY-ST-ZIP	L			·	1	-ST-ZIP						
12. I hereby to indicated	certify that the inf on this report or	lormation supplied supplemental rep	l with this f ort is true (illing does not qualify fo and accurate and that n	r the exc ny signat	emptions conta ture shall have	ined the s	in Chapter 119 same legal effec	, Florida Statutes. I t as if made under	further certification	y that the in	nformation or director
12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this upport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes.												
O STATE OF THE PARTY OF THE PAR												
SIGNAT	URE:	ENDATURE AND TYPE	OR PRINTE	NAME OF SHIRING OFFICER	OR DIRECT	OR	<u> </u>	· U10-	Cate	Day	time Phone #	