2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134502



FILED Apr 30, 2007 8:00 am Secretary of State

1. Entity Name GLORIA DE JESUS INTERNATIONAL, INC.					04-30-2007 90404 013 ***150.00				
Principal Place 13256 HEM ORLANDO, F		Mailing Address 20 N. ORANGE AVE., SU ORLANDO, FL 32801	20 N. ORANGE AVE., SUITE 600		danoora.				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007	Chg-P	CR2E034	1 (12/06)		
City & State		City & State		4. FEI Number 20-3577				oplied For	
Zìp	Country	Zip	Zip Country			f Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent	jistered Agent		7. Name and A	Address of New		e Require ent	.0
HENDRY, STONER, CALANDRINO & BROWN, P.A. 20 N. ORANGE AVE., SUITE 600 ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable)					
			-	City			FL	Zip Cod	e
8. The above	named entity submits this statement for	or the purpose of changing its	registered	d office or regis	tered agent, or both	, in the State of F		niliar with,	and accept
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	Ageni signature requ	ired when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contr	-	· — •	5.00 May Be dded to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OF	FICERS AND D	IRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE JESUS, GLORIA E 13256 HEMING WAY ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET GITY-S	T ADDRESS ST-ZIP			Γ	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP	, , , , , , , , , , , , , , , , , , ,			_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADORESS ST-ZIP			C] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-S] Change	Addition
of the corp	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	itrue and accurate and that mo owered to execute this report a	וו לבתחמו וו	ra chall bavo th	è same legal effect a 07. Florida Statutes;	as if made under and that my nam	aath, that I am		
SIGNAT	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF	OR DIRECTOR	ıR	7/6	15/07 Dete	Daytii	me Phone *	