2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90031 018 ***150.00

DOCUMENT # P06000004781

1. Entity Name

GDLR, INC.

Principal Place of Business	Mailing Address
2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-4118553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA RIVA, RAMIRO
2655 COLLINS AVE APT 2102
MIAMI BEACH FL 33140

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 changing) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE LA RIVA, GONZALO 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Gonzalo de la Riva Jr. 2655 Collins Ave. Apt 2102 Miami Beach Fl 33140
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DE LA RIVA, GONZALO JR 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Anamaria Martinez 9703 SW 132nd St Miami Fl 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE LA RIVA, ELENA 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DE LA RIVA, OFELIA E 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☒ Delete	TITLE V NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Ofelia Blanco 9703 SW 132nd St Miami Fl 33176
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP DE LA RIVA, OFELIA B 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT DE LA RIVA, RAMIRO 2655 COLLINS AVE APT 2102 MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ramiro de la Riva AT RAMIRO DE LA RIVA 04-26-08 786-276-9121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #