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Apr 24, 2007 8:00 am
Secretary of State

01-22-2007 90096 037 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000056990

1. Entity Name
GLN TRUCKING, INC.

Principal Place of Business	Mailing Address
11900 BISCAYNE BLVD., STE. 501 MIAMI, FL 33181	11900 BISCAYNE BLVD., STE. 501 MIAMI, FL 33181

01132007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1050 SE 5TH STREET	10185 COLLINS AVENUE
Suite, Apt. #, etc.: BAY 11	Suite, Apt. #, etc.: STE. 211
City & State: HIALEAH, FLORIDA	City & State: BAL HARBOUR, FLORIDA
Zip: 33010 Country: US	Zip: 33154 Country: US

4. FEI Number 20-4778291 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CITRIN, MARK
11900 BISCAYNE BLVD., STE. 501
MIAMI, FL 33181

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, 2007 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	DPST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FAZEKAS, NORBERT		NAME	
STREET ADDRESS	10185 COLLINS AVE., APT. 211		STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR, FL 33150		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FAZEKAS, LADISLAV		NAME	
STREET ADDRESS	C/O GLN, LLC, HVIEZDOSLAVOVA 3		STREET ADDRESS	
CITY-ST-ZIP	MOLDAVA NAD BODVOU, SLOVAKIA, 04501		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: Norbert Fazekas (president) 1-17-2007 305 878-7872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #