

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 17, 2009
Secretary of State**

DOCUMENT# P07000066462

Entity Name: GLAC, CORP

Current Principal Place of Business:

110 E. BROWARD BLVD.,
SUITE 1700
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

18441 NW 2ND. AVE
SUITE 217
MIAMI, FL 33169

Current Mailing Address:

1300 OLIVER RD,
SUITE 360
FAIRFIELD, CA 94534

New Mailing Address:

18441 NW 2ND. AVE
SUITE 217
MIAMI, FL 33169

FEI Number: 26-0745530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ LARA, ALMILKAR SR
3619 NE 207 STREET .
APT. #2314
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ LARA, ALMILKAR SR
Address: 110 E. BROWARD BLVD.,
City-St-Zip: FT. LAUDERDALE, FL 33301 BR

Title: VP () Delete
Name: STRICKLEN, HARRIET SRS
Address: 110 E. BROWARD BLVD.,
City-St-Zip: FT. LAUDERDALE, FL 33301 BR

Title: DR () Delete
Name: GONZALEZ, ROGER SR
Address: 110 E. BROWARD BLVD.,
City-St-Zip: FT. LAUDERDALE, FL 33301 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMILKAR GONZALEZ-LARA

P

08/17/2009

Electronic Signature of Signing Officer or Director

Date