

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000132575

Entity Name: GLADES AG CORP.

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12390 HIGHWAY 70 W  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

12390 HIGHWAY 70 W  
OKEECHOBEE, FL 34972

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLE, JUAN D  
701 BRICKELL AVENUE, STE 860  
MIAMI, FL 33131 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: DS  
Name: CALLE, JUAN D  
Address: 12390 HIGHWAY 70 W  
City-St-Zip: OKEECHOBEE, FL 34972

Title: DS  
Name: CALLE, JUAN D  
Address: 12390 HIGHWAY 70 W  
City-St-Zip: OKEECHOBEE, FL 34972

Title: DPT  
Name: CALLE, ANA H  
Address: 12390 HIGHWAY 70 W  
City-St-Zip: OKEECHOBEE, FL 34972

I hereby 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 all other like empowered.

SIGNATURE: JUAN D CALLE

DS

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date