

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000015168

1. Entity Name
GLAD OF MIAMI CORPORATION



Principal Place of Business

6061 COLLINS AVENUE
#9-D
MIAMI BEACH, FL 33140

Mailing Address

C/O BALDOMERO & CO, P.C.
7000 BLVD. EAST-LOWER MALL
GUTTENBERG, NJ 07093



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0398480

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LAURA M
6061 COLLINS AVE.
#9-D
MIAMI BEACH, FL 33140

DO NOT WRITE
IN THIS SPACE

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

000000607522
01/31/07-80039-022 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GONZALEZ-MIQUELI, LAURA
118 CATALPA AVENUE
HACKENSACK, NJ 07601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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: X

Laura Miqueli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1/25/07

Date

Daytime Phone #