


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90066 014 \*\*\*150.00

**DOCUMENT # P93000055658**

1. Entity Name  
**GLO-MACK, INC.**



Principal Place of Business: **1026 NW 2 AVE MIAMI, FL 33136**  
 Mailing Address: **10800 NW 18 AVE MIAMI, FL 33167**

**14002388**



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0432510**  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GLOVER, HELEN A**  
**10800 NW 18 AVE**  
**MIAMI, FL 33167**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ State: **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, HELEN A</b>	
STREET ADDRESS	<b>10800 NORTHWEST 18TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33167</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>BLACK, SANDRA</b>	
STREET ADDRESS	<b>7798 NW 10 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33054</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, MERVIN</b>	
STREET ADDRESS	<b>10800 NW 18 AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33167</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, ANTHONY</b>	
STREET ADDRESS	<b>10800 NW 18TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33167</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Heleen O Glover* 04.15.2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #