


FILED
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Secretary of State

04-28-2006 90193 007 ***150.00

2006 FILING STATE CORPORATION ANNUAL REPORT

DOCUMENT # P93000055658 1. Entry Name GLO-MARK INC GLO-MARK INC.			
Principal Place of Business 6831 NW 15TH AVE MIAMI, FL 33141		Mailing Address 10800 NW 18 AVE MIAMI, FL 33167	
2. Principal Place of Business State, Amt #, etc. City & State Zip		3. Mailing Address City & State Zip Country	
4. State, Amt #, etc. City & State Zip		5. Other Information 04182600 Chg-P CR2004 (11/04) 65-0432510 \$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 Now Registered Agent Name Street Address (P.O. Box Number if Not Applicable) 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 _____ (NOTE: Registered Agent signature required when reappointing)			
FILING FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME: GLOVER A HELEN ADDRESS: 10800 NW 18 AVE CITY-STATE: MIAMI, FL 33167		CITY-STATE: _____ TITLE: _____ NAME: _____ CITY-STATE: _____	
NAME: GLOVER, MERI ADDRESS: 10800 NW 18 AVE CITY-STATE: MIAMI, FL 33167		TITLE: _____ NAME: _____ CITY-STATE: _____	
NAME: _____ ADDRESS: _____ CITY-STATE: _____		TITLE: _____ NAME: _____ CITY-STATE: _____	
NAME: _____ ADDRESS: _____ CITY-STATE: _____		TITLE: _____ NAME: _____ CITY-STATE: _____	
12. I hereby certify that the information submitted 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 trustee empowered to execute this report as required by Chapter 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a phone number, and a fax number.			
SIGNATURE: <i>Helen A Glover</i>		Date: <i>04.24.2006</i>	