


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000046909 1. Entity Name GLS INVESTMENT CORPORATION	
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Principal Place of Business 2014 W. UNIVERSITY BLVD JACKSONVILLE, FL 32217 US	Mailing Address 2014 W. UNIVERSITY BLVD JACKSONVILLE, FL 32217 US
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02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3255853	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RAX CO.
% MAHONEY ADAMS & CHRISER, P.A.
50 N. LAURA STREET, 3400 BARNETT CENTER
JACKSONVILLE, FL**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

000000470611
03/28/06-80028-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZO, CICERON V 2014 W. UNIVERSITY BLVD. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, FIDEL 2014 W. UNIVERSITY BLVD. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACAQUINI, NICOLAU 2014 W. UNIVERSITY BLVD. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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. *[Signature]*

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-06 904-733-9211