


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90319 049 \*\*\*150.00

DOCUMENT # P96000025267					
1. Entity Name DIANE GLACER, INC.					
Principal Place of Business 2651 PALM AIRE DR. #206 POMPANO BEACH, FL 33069			Mailing Address 2651 PALM AIRE DR. #206 POMPANO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04082005    Chg-P    CR2E034 (10/03)	
4. FEI Number 65-0656164				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HOOPER, LARRY K 950 N. KAOME AVE #106 HOMESTEAD, FL 33030			7. Name and Address of New Registered Agent Name <u>LARRY K HOOPER</u> Street Address (P.O. Box Number is Not Acceptable) <u>711 EAST 38 ST.</u> City <u>HIALSAH</u> FL    Zip Code <u>33013</u>		
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 <u><i>Diane T. Glacer</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE <u>4/14/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GLACER, DIANE T 2651 PALM AIRE DR. #206 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GLACER, BERNARD 2651 PALM AIRE DR. #206 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Diane T. Glacer</i></u> DIANE T. GLACER			Date: <u>4/14/05</u> Daytime Phone #: <u>954-1977-5009</u>		

**50037352**

