

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000064389

1. Entity Name
GLYCOFORM-D CORPORATION



Principal Place of Business
**1717 N. BAYSHORE DRIVE
SUITE 1847
MIAMI, FL 33132**

Mailing Address
**1717 N. BAYSHORE DRIVE
SUITE 1847
MIAMI, FL 33132**

FILED
Jul 15, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0686524	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

**REYNOLDS, COLUMBIA
1717 N. BAYSHORE DRIVE
SUITE 1847
MIAMI, FL 33132**

**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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REYNOLDS, COLUMBIA 1717 N. BAYSHORE DRIVE MIAMI, FL 33132
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST CANAS, ZOHE 1717 N. BAYSHORE DRIVE SUITE 1847, FL 33132
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07/15/08-80001-014 158.75

**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, with all other like empowered

SIGNATURE: Zohé Canas **ZOHE CANAS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-374-3939