2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058700

Address:

City-St-Zip:

FILED Aug 10, 2009 Secretary of State

Entity Na	me: GLORIAS	SALF OF TAMPA, INC.						
Current P	rincipal Place	New Princ	New Principal Place of Business:					
3213 W. C TAMPA, F								
Current M	lailing Addres	ss:	New Maili	New Mailing Address:				
P.O. BOX TAMPA, F	15089 L 336845089							
FEI Number	: 59-3189281	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certific	ate of Status Desire	d()	
Name and	Address of C	Name and	Name and Address of New Registered Agent:					
GUEVARA 3213 W. C TAMPA, F		13916 BRA	FLOYD, PATRICIA A 13916 BRAMBLE BUSH CT ORLANDO, FL 32832 US					
	named entity : e of Florida.	submits this statement for the p	urpose of changing i	ts registere	d office or	registered agent,	or both,	
SIGNATU	RE: PATRICIA		08/10/2009					
	Electror	nt	Date					
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	t receive the prior notic	e.				
OFFICER	S AND DIREC	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	P () GUEVARA, GLO 3213 W. CASS TAMPA, FL 33	ST.	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name: Address: City-St-Zip:	VPST () MENDOZA, PA 3213 W. CASS TAMPA, FL 33	ST.	Title: Name: Address: City-St-Zip:	TREA DE MEY, AL 3213 W. CA TAMPA, FL	BERTO SS ST.	() Addition		
Title: Name: Address: City-St-Zip:	D () DE MEY, ALBE 3213 W. CASS TAMPA, FL 33	ST	Title: Name: Address: City-St-Zip:		() Change	() Addition		
Title: Name:) Delete	Title: Name:	SEC GUEVARA.	` '	(X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3213 W CASS ST

TAMPA, FL 33609

SIGNATURE: GLORIA GUEVARA Ρ 08/10/2009