
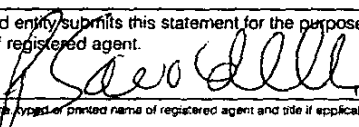


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 029 ***158.75

DOCUMENT # P97000088890 1. Entity Name GLADES TELECOMMUNICATIONS, INC.					
Principal Place of Business 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332			Mailing Address 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332		
2. Principal Place of Business 4581 Weston Road		3. Mailing Address 4581 Weston Road			
Suite, Apt. #, etc. # 330		Suite, Apt. #, etc. # 330			
City & State Weston FL		City & State Weston FL		4. FEI Number 65-0799379	
Zip 33331		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGERON, LONNIE N. 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332				7. Name and Address of New Registered Agent Name Randy Besosa Street Address (P.O. Box Number is Not Acceptable) 1800 Sunset Harbour Dr. #1412 City Miami Beach FL Zip Code 33139	
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  DATE 3/10/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WORKMAN, B. TOD 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Paul Savoldelli 4412 Santa Maria St. Coral Gables, FL. 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGERON, LONNIE N 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Randy Besosa 1800 Sunset Harbour Dr. # 1412 Miami Beach, FL. 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGERON, RONALD M JR 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Henry Peraza 4995 University Dr. Coral Gables, FL. 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERGERON, RONALD M SR 19612 S.W. 69TH PLACE FORT LAUDERDALE, FL 33332	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Max Morales 15701 W. Waterside Cir. # 101 Sunrise, FL. 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #