


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000049037</b>	
1. Entity Name <b>GLENRIDGE INVESTMENTS INC.</b>	

Principal Place of Business <b>701 BRICKELL AVENUE 850 MIAMI, FL 33131</b>	Mailing Address <b>701 BRICKELL AVENUE 850 MIAMI, FL 33131</b>
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07052007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0875020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TORRES, ONOFRE 701 BRICKELL AVENUE 850 MIAMI, FL 33131</b>
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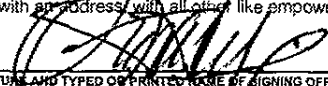
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	<b>000000758775</b> <b>07/13/07-80012-007 150.00</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ONOFRE 701 BRICKELL AVENUE, SUITE 850 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIG, DAVID W 559 SAN YSIDRO ROAD STE G SANTA BARBARA, CA 93108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, PHILLIP A 1130 WEST ARMITAGE AVENUE UNIT C-2 CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>7/5/07</b> <b>305 371 2716</b> <small>Date Daytime Phone #</small>