


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004 08:00 AM
Secretary of State

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| DOCUMENT # S56774 1. Entity Name GLY, INC. |  |
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| Principal Place of Business 230 W. SAN MARINO DRIVE MIAMI BEACH, FL 33139-1149 | Mailing Address 230 W. SAN MARINO DRIVE MIAMI BEACH, FL 33139-1149 |
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DO NOT WRITE IN THIS SPACE



01242004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0261415 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GOMEZ, MIRIAM 230 WL SAN MARINO DR. MIAMI BEACH, FL | DO NOT WRITE IN THIS SPACE |
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MEDERO, LUIS R 230 W. SAN MARINO DR. MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOMEZ, MIRIAM 230 W. SAN MARINO DR. MIAMI BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDERO, LUIS 2468 SW 18 ST MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDERO, GLADYS 13322 SW 6 ST MIAMI, FL 33184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDERO, YESENIA 2468 SW 18 STREET MIAMI, FL 33145 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEDERO, JANET 13322 SW 6 ST MIAMI, FL 33184 |

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02/02/04-80034-017 150.00

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: *Luis Medero* **Luis Medero** *(P)* 1/26/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #