

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56774

Entity Name: GLY, INC.

FILED  
Jan 05, 2006  
Secretary of State

**Current Principal Place of Business:**

230 W. SAN MARINO DRIVE  
MIAMI BEACH, FL 331391149

**New Principal Place of Business:**

**Current Mailing Address:**

230 W. SAN MARINO DRIVE  
MIAMI BEACH, FL 331391149

**New Mailing Address:**

FEI Number: 65-0261415      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOMEZ, MIRIAM  
230 WL SAN MARINO DR.  
MIAMI BEACH, FL 331391149 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MEDERO, LUIS R  
Address: 230 W. SAN MARINO DR.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: GOMEZ, MIRIAM,  
Address: 230 W. SAN MARINO DR.  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: MEDERO, LUIS  
Address: 4615 SW 8 CT APT#3  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: MEDERO, GLADYS  
Address: 8830 SW 72 ST APT B112  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MEDERO, YESENIA  
Address: 2476 SW 18 STREET  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: MEDERO, JANET  
Address: 13322 SW 6 ST  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MIRIAM GOMEZ

D

01/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date