

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56774

Entity Name: GLY, INC.

FILED
Jan 17, 2007
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

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date