

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S57564

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** GLANAMARAL CORP.

**Current Principal Place of Business:**

8190 NW 66 ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8190 NW 66 ST  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0301672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, FRANCISCO  
8190 NW 66 STREET  
MIAMI, FL 33166 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:** PD  
**Name:** GALDO, DARLENE  
**Address:** 1200 PONCE DE LEON BOULEVARD  
**City-St-Zip:** CORAL GABLES, FL 33134

**Title:** AS  
**Name:** MURAI, RENE V  
**Address:** 1200 PONCE DE LEON BOULEVARD  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

**SIGNATURE:** DARLENE GALDO

P

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date