
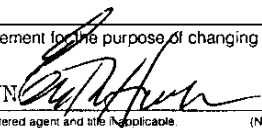
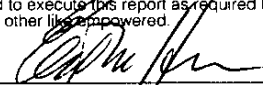


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90005 007 ***150.00

DOCUMENT # 649258					
1. Entity Name HALGLENN CORP.					
Principal Place of Business 1428 BRICKELL AVE. SUITE 105 MIAMI, FL 33131-0494			Mailing Address 1428 BRICKELL AVE. SUITE 105 MIAMI, FL 33131-0494		
2. Principal Place of Business - No P.O. Box # 4400 BISCAYNE BOULEVARD		3. Mailing Address 4400 BISCAYNE BOULEVARD			
Suite, Apt. #, etc. SUITE 950		Suite, Apt. #, etc. SUITE 950			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-1957314	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 331373212	Country USA	Zip 331373212	Country USA		
6. Name and Address of Current Registered Agent HALPRYN, ERNEST M 1428 BRICKELL AVE #105 MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name HALPRYN, ERNEST M.			Street Address (P.O. Box Number is Not Acceptable) 4400 BISCAYNE BOULEVARD SUITE 950		
City MIAMI			City MIAMI		
State FL			Zip Code 331373212		
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 ERNEST M. HALPRYN				DATE 03/26/2007	
Signature, typed or printed name of registered agent and title in brackets.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE VP	HALPRYN-LEVIN, ALISON	<input checked="" type="checkbox"/> Delete	TITLE VP	HALPRYN-LEVIN, ALISON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1428 BRICKELL AVE #105	MIAMI, FL 33131		STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950	MIAMI FL 33137 3212	
TITLE PD	HALPRYN, ERNEST M	<input checked="" type="checkbox"/> Delete	TITLE PD	HALPRYN, ERNEST M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1428 BRICKELL AVE #105	MIAMI, FL		STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950	MIAMI FL 33137 3212	
TITLE VSTD	HALPRYN, GLENN L.	<input checked="" type="checkbox"/> Delete	TITLE VSTD	HALPRYN, GLENN L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1428 BRICKELL AVE #105	MIAMI, FL 33131		STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950	MIAMI FL 33137 3212	
TITLE AS	CABRERA, MARLENE	<input checked="" type="checkbox"/> Delete	TITLE AS	CABRERA, MARLENE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1428 BRICKELL AVE #105	MIAMI, FL 33131		STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950	MIAMI FL 33137 3212	
TITLE D	HALPRYN, DIANE T	<input checked="" type="checkbox"/> Delete	TITLE D	HALPRYN, DIANE T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1428 BRICKELL AVE #105	MIAMI, FL 33131		STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950	MIAMI FL 33137 3212	
TITLE <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: ERNEST M. HALPRYN				DATE 03/26/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-573-4112	