

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90190 010 \*\*\*150.00



**DOCUMENT # 649258**  
 1. Entity Name  
**HALGLENN CORP.**

Principal Place of Business  
**440 BISCAYNE BOULEVARD**  
**SUITE 950**  
**MIAMI, FL 33137**

Mailing Address  
**440 BISCAYNE BOULEVARD**  
**SUITE 950**  
**MIAMI, FL 33137**

2. Principal Place of Business - No P.O. Box #  
**4400 BISCAYNE BLVD, #950**

3. Mailing Address  
**4400 BISCAYNE BLVD, #950**

Suite, Apt. #, etc.  
**SUITE 950**

Suite, Apt. #, etc.  
**SUITE 950**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33137**

Country  
**USA**

Zip  
**33137**

Country  
**USA**

03182008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-1957314**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>HALPRYN, ERNEST M</b> <b>4400 BISCAYNE BOULEVARD</b> <b>SUITE 950</b> <b>MIAMI, FL 33137</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPRYN-LEVIN, ALISON		NAME	
STREET ADDRESS 4400 BISCAYNE BOULEVARD SUITE 950		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPRYN, ERNEST M		NAME	
STREET ADDRESS 4400 BISCAYNE BLVD SUITE 950		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE VSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPRYN, GLENN L.		NAME	
STREET ADDRESS 4400 BISCAYNE BLVD, SUITE 950		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CABRERA, MARLENE		NAME	
STREET ADDRESS 4400 BISCAYNE BLVD, SUITE 950		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALPRYN, DIANE T		NAME	
STREET ADDRESS 4400 BISCAYNE BLVD, SUITE 950		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
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**

**03-18-08** **305 573-4112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #