2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90040 029 ***158.75

DOCUMENT # P96000091470

1. Entity Name
GLASSIS, INC.

Principal Place of Business	Mailing Address
30 W. MASHTA DR SUITE #500 MIAMI, FL 33149	30 W. MASHTA DR SUITE #500 MIAMI, FL 33149

2. Principal Place of Business	3. Mailing Address
16300 NE 19 AVENUE	16300 NE 19 AVENUE
Suite, Apt. #, etc.: 225	Suite, Apt. #, etc.: 225
City & State: NORTH MIAMI BEACH, FL	City & State: NORTH MIAMI BEACH, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

000041544

03192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0722853 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CASTANHO, JEANCARLO F
201 GALLEN DR.
SUITE #312 W
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NETO, ALBERTO B 30 W. MASHTA DR., STE. #500 MIAMI, FL 33160	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP MARQUEZ, NILSON JR 30 W. MASHTA DR, STE. 500 MIAMI, FL 33160	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CASTANHO, JEANCARLO F 30 W. MASHTA DR., STE. #500 MIAMI, FL 33160	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 03/29/04 305-949 6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #