

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90315 020 ***158.75

DOCUMENT # P96000091470	
1. Entity Name GLASSIS, INC.	

Principal Place of Business 16300 NE 19 AVE., #225 MIAMI, FL 33149	Mailing Address 16300 NE 19 AVE., #225 SUITE #500 MIAMI, FL 33149
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DO NOT WRITE IN THIS SPACE

14000272



02032005 No 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 <i>5401 Ocean Drive #2B</i> KEY BISCAYNE, FL 33149	DO NOT WRITE IN THIS SPACE
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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.

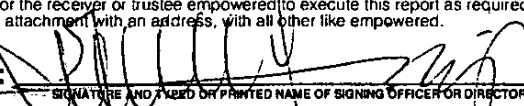
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP NETO, ALBERTO B 16300 NE 19 AVE #225 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MARQUEZ, NILSON JR 16300 NE 19 AVE #225 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CASTANHO, JEANCARLO F 16300 NE 19 AVE #225 MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

04/23/05 305 949 6915
Date Daytime Phone #