

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

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		
2. Principal Place of Business		3. Mailing Address		 02162006 Chg-P CRZE034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 16300 NE 19 AVE #225 MIAMI, FL 33162	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARQUEZ, NILSON JR 16300 NE 19 AVE #225 MIAMI, FL 33162	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CASTANHO, JEANCARLO F 16300 NE 19 AVE #225 MIAMI, FL 33162	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.			U00000493491 04/20/06-80008-002 158.75		
SIGNATURE: _____			04/03/06 (205) 9491415		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		