

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04032007

Chg-P

CR2E034 (12/06)

07

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

7. Name and Address of New Registered Agent

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

Name
CASTANHO, JEANCARLO F
Street Address (P.O. Box Number is Not Acceptable)
445 GRAN BAY DR #1006
KEY BISCAYNE
City
MIAMI
FL
Zip Code
33149

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, 2007 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
445 GRAN BAY DRIVE #1006
KEY BISCAYNE, FL 33149

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
445 GRAN BAY DRIVE #1006
KEY BISCAYNE, FL 33149

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
445 GRAN BAY DRIVE #1006
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/07

786 683 5585