

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90282 028 ***158.75

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1. Entity Name

GLASS INDUSTRIES, INC.



Principal Place of Business

7300 WEST 18 LANE
HIALEAH FL 33014

Mailing Address

7300 WEST 18 LANE
HIALEAH FL 33014

2. Principal Place of Business

6301-A NW 74 Ave

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 66-7538

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

11-3663998

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SABLON, FELIPE J
7300 WEST 18 LANE
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name **FELIPE J. SABLON**

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

6301-A NW 74 Ave

City **MIAMI**

FL

Zip Code **33166**

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

Felipe J. SABLON **FELIPE J. SABLON**

4-26-04

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME SABLON, FELIPE J
STREET ADDRESS 7300 WEST 18 LANE
CITY-ST-ZIP HIALEAH FL 33014

TITLE DVP ☒ Delete
NAME ORDONEZ, LUSANT
STREET ADDRESS 7300 WEST 18 LANE
CITY-ST-ZIP HIALEAH FL 33014

TITLE ~~DVP~~ ☐ Delete
NAME **CHRISTINA A. SABLON**
STREET ADDRESS **63**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☒ Change ☐ Addition
NAME SABLON, FELIPE J.
STREET ADDRESS 6301-A NW 74 Ave
CITY-ST-ZIP MIAMI, FL 33166

TITLE DVP ☒ Change ☒ Addition
NAME CHRISTINA A. SABLON
STREET ADDRESS 6301-A NW 74 Ave
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Felipe J. SABLON* **FELIPE J. SABLON** 4/26/04 786-621-6553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #