
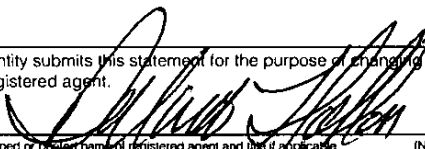
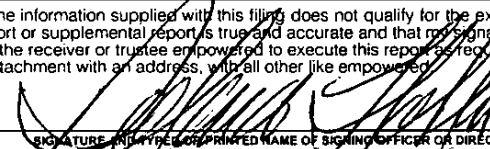


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90001 035 \*\*\*558.75

<b>DOCUMENT # F03000002575</b> 1. Entity Name <b>GLASS INDUSTRIES, INC.</b>																																																					
Principal Place of Business <b>6301-A NW 74 AVE. MIAMI, FL 33166</b>			Mailing Address <b>P.O. BOX 66-7538 MIAMI, FL 33166</b>																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																			
City & State		City & State																																																			
Zip	Country	Zip	Country																																																		
<b>6. Name and Address of Current Registered Agent</b>  <b>SABLON, FELIPE J</b> <b>6301-A NW 74 AVE.</b> <b>MIAMI, FL 33166</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>ROLANDO F. SABLON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6301-A NW 74 Ave.</b> City <b>MIAMI</b> FL <b>33166</b>																																																	
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  <small>Signature, typed or printed name of registered agent and date if applicable</small>				DATE <b>6-30-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">CP SABLON, FELIPE J 6301-A NW 74 AVE. MIAMI, FL 33166</td> <td style="width: 10%; padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DVP ROLANDO F. SABLON 6301-A NW 74 AVE MIAMI, FL 33166</td> <td style="width: 10%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">SABLON, CHRISTINA</td> <td style="padding: 2px; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6301-A NW 74 AVE.</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">MIAMI, FL 33166</td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	CP SABLON, FELIPE J 6301-A NW 74 AVE. MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE	DVP ROLANDO F. SABLON 6301-A NW 74 AVE MIAMI, FL 33166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	SABLON, CHRISTINA	<input checked="" type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	6301-A NW 74 AVE.	<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP	MIAMI, FL 33166	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>6-30-06</b> Daytime Phone # <b>786-621-6553</b>																																																	