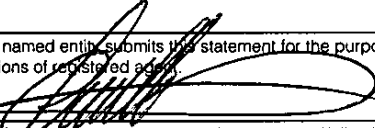
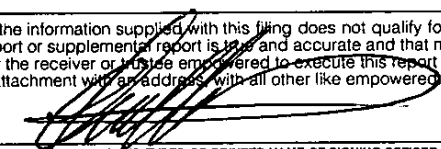


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90222 003 ***158.75

DOCUMENT # F06000001251			
1. Entity Name GLOWIMAGES, INC.			
Principal Place of Business 1331 BRICKELL BAY DR., UNIT 4707 MIAMI, FL 33131		Mailing Address 1331 BRICKELL BAY DR., UNIT 4707 MIAMI, FL 33131	
2. Principal Place of Business - No P.O. Box # 1000 Brickell Avenue		3. Mailing Address 1000 Brickell Avenue	
Suite, Apt. #, etc. 715		Suite, Apt. #, etc. 715	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131		Country USA	
Zip 33131		Country USA	
4. FEI Number 20-3378421		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Glowimages, INC Street Address (P.O. Box Number is Not Acceptable) 1000 Brickell Avenue #715 City Miami FL Zip Code 33131	
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  GUSTAVO BAEZ DATE 04-20-07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
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	PD BAEZ, GUSTAVO 1331 BRICKELL BAY DR., UNIT 4707 MIAMI, FL 33131	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAEZ, GUSTAVO 1331 BRICKELL BAY DR., UNIT 4707 MIAMI, FL 33131	☐ Delete	☐ Change ☐ 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:  GUSTAVO BAEZ		04-24-07 3053447821 Date Daytime Phone #	