


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90504 040 ***150.00

DOCUMENT # K65154 1. Entity Name GLASSALUM INTERNATIONAL CORPORATION	
--	---

Principal Place of Business % JOHN R. BARKER 7933 NW 71ST ST. MIAMI FL 33166	Mailing Address % JOHN R. BARKER 7933 NW 71ST ST. MIAMI FL 33166
--	--

2. Principal Place of Business 7933 N.W. 71st STREET	3. Mailing Address 7933 N.W. 71st STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

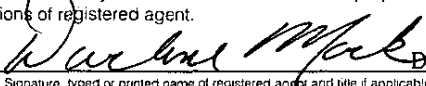
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Country USA

	
MOORE	CR2E034 (11/03)
4. FEI Number 65-0114023	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, JIM 1599 PASSION VINE CIRCLE CRAWFORDVILLE FL 32326	
---	--

7. Name and Address of New Registered Agent	
Name DARLENE MACK	
Street Address (P.O. Box Number is Not Acceptable) 8871 S.W. 49th COURT	
City COOPER CITY, FL	Zip Code 33328

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  **DARLENE MACK** ACCOUNTING SUPERVISOR 4-21-04


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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, JOHN R. 5147 NO BAY ROAD MIAMI BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ANDERSON, JIM 1599 PASSION VINE CIRCLE FORT LAUDERDALE FL 33326 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DANIELE, CLAUDIO 141 W. GRAYLING LN SUFFIELD, CT 06079 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE GOBBI, ALBERTO 3 GRASSMERE POND LANE SUFFIELD, CT 06078-1377 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAVAN, ENZO VIA MATTEI 21/23 31029 VITTORIO VENETO (TV) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **CLAUDIO DANIELE** 4-21-04 (305) 592-1212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #