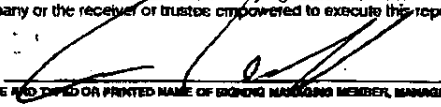


FILED
Sep 03, 2004 8:00 am
Secretary of State

09-03-2004 90037 012 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000049295 1. Entity Name GLAZER INTERNATIONAL, LLC																											
Principal Place of Business 276 BAL BAY DR BAL HARBOUR, FL 33154		Mailing Address 276 BAL BAY DR BAL HARBOUR, FL 33154																									
2. Principal Place of Business c/o SAFO, LLC Suite, Apt. #, etc. 10800 Biscayne Blvd #950 City & State Miami, FL Zip 33161 Country USA		3. Mailing Address c/o SAFO, LLC Suite, Apt. #, etc. 10800 Biscayne Blvd #950 City & State Miami, FL Zip 33161 Country USA																									
4. FEI Number 08252004 Chg-LLC CR2E083 (10/03) 80-0115524		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CORPORATE INTERNATIONAL REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD, 43RD FLOOR MIAMI, FL 33131																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 Signatures, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when changing)		DATE																									
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Delete ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Delete ☐</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete ☐	10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;">Change ☐ Addition ☒</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Change ☐ Addition ☐</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>Change ☐ Addition ☐</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☒	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																											
SIGNATURE: 		Date: 8/31/04 Daytime Phone #: 305 891-0017																									

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