

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049295	
1. Entity Name GLAZER INTERNATIONAL, LLC	

Principal Place of Business C/O SAFO, LLC 10800 BISCAYNE BLVD, #950 MIAMI, FL 33161	Mailing Address C/O SAFO, LLC 10800 BISCAYNE BLVD, #950 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and any if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

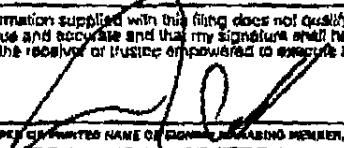
B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLAZER, OFER 10800 BISCAYNE BLVD, #950 MIAMI, FL 33161
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05/04/05-80003-014 50.00

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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)(f), 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:  **4-28-05** **305-891-0017**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #