

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90239 024 ***150.00

DOCUMENT # P01000038787

1. Entity Name
GLOWPOWER.COM, INC.



Principal Place of Business
**17601 NE 7TH PL
NORTH MIAMI BEACH, FL 33162**

Mailing Address
**17601 NE 7TH PL
NORTH MIAMI BEACH, FL 33162**

54035127



2. Principal Place of Business

6767 COLLINS AVE

Suite, Apt. #, etc.

#1509

City & State

MIAMI BEACH FL

Zip

33141

Country

3. Mailing Address

6767 Collins Ave

Suite, Apt. #, etc.

1509

City & State

Miami Beach FL

Zip

33141

Country

04122004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1101056

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SASSON, PERRY
17601 NE 7TH PL
NORTH MIAMI BEACH, FL 33162**

7. Name and Address of New Registered Agent

Name **6767 Collins Ave #1509**

Street Address (P.O. Box Number is Not Acceptable)

City

Miami Beach

FL

Zip Code

33162

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PTSD
SASSON, PERRY
17601 NE 7TH PL
NORTH MIAMI BEACH, FL 33162**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-04 305-534-9909