

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90274 038 ***150.00

DOCUMENT # P01000072627

1. Entity Name

VITRALGLASS CORP.



Principal Place of Business

780 NW 42 AVE STE 2
MIAMI FL 33126

Mailing Address

780 NW 42 AVE STE 2
MIAMI FL 33126

2. Principal Place of Business

6135 NW 167 Street

Suite, Apt. #, etc.

E-13

3. Mailing Address

6135 NW 167 Street

Suite, Apt. #, etc.

E-13

City & State

Miami FL

City & State

Miami FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

NO-T APPLICABLE

04-3714624

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

TORRES, MARTHA
780 NW 42 AVE STE 2
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

TORRES, MARTHA

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

6135 NW 167 Street E-13

City

Miami

FL

Zip Code
33015

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

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TORRES, MARTHA	
STREET ADDRESS	780 NW 42ND AVE STE. 2	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CUZAN, A MAYRA	
STREET ADDRESS	6422 COLLINS AVE #1802	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Torres, Martha	
STREET ADDRESS	6135 NW 167 Street E-13	
CITY-ST-ZIP	Miami FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Martha Torres *Martha Torres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22-04