

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90044 046 \*\*\*150.00

DOCUMENT #		P01000104870
1. Entity Name		
GLASS FORCE INC.		
Principal Place of Business		Mailing Address
9244 SW 8TH TERR MIAMI FL 33174-3168		9244 SW 8TH TERR MIAMI FL 33174-3168

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0507142</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent
ARZA, JORGE 9244 SW 8TH TERR MIAMI FL 33174-3168

		Fee Required	
<b>7. Name and Address of New Registered Agent</b>			
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.

**SIGNATURE** \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</p> <p><input checked="" type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2002 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
--	--	--	---

[illegible]

<b>12.</b>	<b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
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
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

3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-26-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)