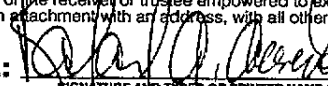


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000018658		
1. Entity Name BLUE-GLASS, CORP.		
Principal Place of Business 2154 N.W. 95 AVENUE MIAMI, FL 33172	Mailing Address 2600 S.W. 3RD AVENUE SUITE 800-A MIAMI, FL 33129	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ACEVEDO, RAFAEL A 2600 S.W. THIRD AVENUE SUITE 800-A MIAMI, FL 33129		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 title if applicable. (NOTE: Registered Agent signature required when reinstating)		
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		4000000156290 05/05/04-80072-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARGHERI, OSCAR ERNESTO SR AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES,	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARGHERI VALLE, MARTA J AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARGHERI VALLE, ANA MARIA AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARGHERI, ERNESTO O JR AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACEVEDO, RAFAEL A AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES,	
TITLE 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)(f), 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:  RAFAEL A. ACEVEDO		4-12-04 305-856-7586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #