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	Mailing Address
2154 N.W. 95 AVENUE MIAMI, FL 33172	2600 S.W. 3RD AVENUE SUITE 800-A MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0550644
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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) DATE

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

U00000156290
05/05/04-80072-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARGHERI, OSCAR ERNESTO SR
STREET ADDRESS	AVE. MITRE 1675, FLORIDA (VTE LOPEZ)
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES,
TITLE	VP
NAME	MARGHERI VALLE, MARTA J
STREET ADDRESS	AVE. MITRE 1675, FLORIDA (VTE LOPEZ)
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES,
TITLE	DV
NAME	MARGHERI VALLE, ANA MARIA
STREET ADDRESS	AVE. MITRE 1675, FLORIDA (VTE LOPEZ)
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES,
TITLE	T
NAME	MARGHERI, ERNESTO O JR
STREET ADDRESS	AVE. MITRE 1675, FLORIDA (VTE LOPEZ)
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES,
TITLE	SD
NAME	ACEVEDO, RAFAEL A
STREET ADDRESS	AVE. MITRE 1675, FLORIDA (VTE LOPEZ)
CITY-ST-ZIP	PROVINCIA DE BUENOS AIRES,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: RAFAEL A. ACEVEDO 4-12-04 305-856-7586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #