# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 27, 2006 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<br>MIAMI, FL 33172 | 2600 S.W. 3RD AVENUE<br>SUITE 800-A<br>MIAMI, FL 33129 |

**DO NOT WRITE IN THIS SPACE**

01232006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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 | |

U00000405743
02/07/06-80053-004 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** D. P. ERNESTO OSCAR MARGHERI (SD) 01/24/2006 (305) 468-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #