

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 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**



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MARGHERI, OSCAR ERNESTO SR AVE. MITRE 1675, FLORIDA (VTE LOPEZ) PROVINCIA DE BUENOS AIRES, |
| 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 | |

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02/06/07-80021-011 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTA J. MARGHERI V.

01/29/2007 (305) 468-6606

Date

Daytime Phone #