

FROM :

FAX NO. :

FILED
May 02, 2005 8:00 am
Secretary of State

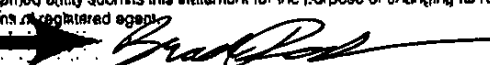
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2005 FOR PROFIT CORPORATION ANNUAL REPORT

40076318



04282005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000065009			
1. Entity Name VIDRIO CORP.			
Principal Place of Business 2600 GLADES CIRCLE 600 FORT LAUDERDALE, FL 33327		Mailing Address 9360 SUNSET DRIVE 287 MIAMI, FL 33173	
2. Principal Place of Business 2600 GLADES CIRCLE Suite, Apt. #, etc. 600		3. Mailing Address 2600 GLADES CIRCLE Suite, Apt. #, etc. 600	
City & State WESTON, FL		City & State WESTON, FL	
Zip 33327 Country USA		Zip 33327 Country USA	
4. FEI Number 32-0080323		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, JOHN W 9360 SUNSET DRIVE SUITE 287 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name DENTON, BRADLEY JAY Street Address (P.O. Box Number is not acceptable) 2600 GLADES CIRCLE #600 City WESTON FL Zip 33327	
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 		DATE 26 APR 05	
Survivors, except to transfer name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	
DATE		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD DENTON, BRADLEY JAY 2600 GLADES CIRCLE #600 WESTON, FL 33327 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 this 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 of an attachment with an address, with all other like empowered.			
SIGNATURE 		DATE 24 APR 05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

SIGNATURE

SIGNATURE