

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000093021

FILED
Sep 08, 2004
Secretary of State

Entity Name: GLACIERS CORP.

Current Principal Place of Business:

POST OFFICE BOX 835275
MIAMI, FL 33283

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 835275
MIAMI, FL 33283

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

JOHNSON, SYLVESTER K
11474 SW 109 RD
43C
MIAMI, FL 33176 US

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.

SIGNATURE: SYLVESTER JOHNSON

09/08/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, SYLVESTER K
Address: POST OFFICE BOX 835275
City-St-Zip: MIAMI, FL 33283

Title: D () Delete
Name: LUMAS, EMILE J
Address: POST OFFICE BOX 835275
City-St-Zip: MIAMI, FL 33283

Title: D () Delete
Name: LUMAS, JUAN G
Address: POST OFFICE BOX 835275
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVESTER K. JOHNSON

D

09/08/2004

Electronic Signature of Signing Officer or Director

Date