2008 FOR PROFIT CORPORATION **...NUAL REPORT**

MUCL

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATU VIII.

Apr 21, 2008 8:00 am Secretary of State DOCUMENT #P 04 000052416 04-21-2008 90108 026 ***150.00 1. Entity Name GLASS & MIR RORS S. ARES SERVICES, INC Principal Place of Mailing Address 12000 BISCA'% 1200Q BISCAYNE BLVD 50002573 SUITE 507 SUITE 307 MIAMI, FL 33 1:3 MIAMLE 3318,1 cipal Pler 9 1 sines 2 ND A VE 2. Principal Plar 3. Mailing Address Suite, Apt. #, L Suite, Apt. #, etc. 04102008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 90-0161026 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent time in discussion for the same in discussion of the same in discussio CHIARATO UGO CHIARATO. · Street Address (P.O. Box Number is Not Acceptable) 12000 BISCA DEBUND SUITE 507 9999 NE 2ND AVE -STE 218 MIAMI, FL 3% 8. The above no 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 obligatio: 04/10/2008 SIGNATURE____ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE PROVE PEL IS \$150.00 Trust Fund Contribution. Added to Fees After May 208 no. will be \$550.00 ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. RUI SUARES PHISID ☐ Change TITLE ☐ Delete TITLE NAME NAME 9999 NE 2ND AVE # 218 STREET ADDRESS ∀D SUITE 507 STREET ADDRESS MIAMI FL 33138 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information sital 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 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 an address, with all other like empowered. 12. Thereby co indicated c changed. c

FILED