
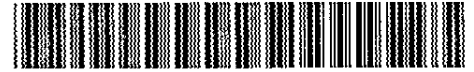


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000072147			
1. Entity Name FOUR GLASSES, INC.			
Principal Place of Business 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131		Mailing Address 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0857189		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTIN, MIGUEL A 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____	
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREUNDT, JUDITH	NAME	
STREET ADDRESS	848 BRICKELL AVENUE STE 830	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JULIAN C	NAME	
STREET ADDRESS	848 BRICKELL AVENUE STE. 830	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURUNIAK, DIEGO L	NAME	
STREET ADDRESS	848 BRICKELL AVENUE STE. 830	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESTOR, JORGE JULIO C	NAME	
STREET ADDRESS	848 BRICKELL AVENUE STE. 830	STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33131	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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CITY - ST - ZIP		CITY - ST - ZIP	



MOORE CR2E034 (11/03)

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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ DATE: 2-6-04 (305)374442