## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 26, 2004 8:00 am Secretary of State

Date

Daytime Phone #

DOCUMENT # P99000033249  1. Entity Name THE GLASS GUYS, INC.									04-26	5-2004 9	0536 0	007 ***15	50.00	
Principal Place	e of Busines:	S		Mailing Address								_		
174-87 SW 20TH CT. Miramar, Fl 33029				174-87 SW 20TH CT. Miramar, Fl. 33029										
WIIIAWIAIA, I C	. 55025			mindanik, TE 330E3				(	. 14110 (BIS) <b>69</b> 11			4 HBN BHEIS 1811		
2. Principal Place of Business				3. Mailing Address 3030 SW 165 AY										
3030 SW 165 AV.				3035 SW 165 HY Suite, Apt. #, etc.			-		a					
Suite, Apt. #, etc.								01122004	Chg-F		CR2E03	4 (10/03)		
City & State Mirandr-FL				Hildude Hildude	> <u></u>		4. FEI Numb 65-092	El Number 5-0925400			Applied For Not Applicable			
- <sup>Zip</sup> - 330元	1	Country		<sup>Zp</sup> 73027	Cou	ntry 354		<b>-5.</b> -Cortificate	of.Status Di	esired——		8.75 Addi		
	•		of Current Re	egistered Agent				7. Name and	Address o	New Regi				
Nar AVIII A JECUSE													İ	
AVILA, JESUS F 174-87 SW 20TH CT.						Street Address (P.O. Box Number is Not Acceptable)								
MIRAMAR, FL 33029														
		٠,				City					FL	Zip Code	,	
The above named entity submits this statement for the purpose of changing its registered office.								ed agent, or bo	th, in the Sta	ite of Florida		I imiliar with, a	and accept	
the obligat	ions of regis	tered agent.	<b>}</b> ₹1								•			
SIGNATURE_	Signatura broad	Lor protect come of to	rictored agent one	f tills if applicable (NC	TF: Rometer	red Azient signati	re required	when reinstation)			DATE	<del>_</del>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing)  DATE  On the content of the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing)														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will de \$550.00  9. Election Campaign Finan Trust Fund Contribution.								.00 May Be led to Fees						
10.			CERS AND D	IRECTORS .	11			ADDITIONS					31N 11	
TITLE NAME	P . ĀVILĀ JE			☐ Delete	TIT NAI		ועם	go sw	eus:	F.	`	<b>E</b> Change	Addition	
STREET ADDRESS		W 20TH CT. 2				reet address	30	30 2M	165	770	20		i	
CITY-ST-ZIP <sup>-1</sup>	MIRAMAI	R, FL 33029				Y-ST-ZIP	14	rondi	-+1	2302			_	
TITLE NAME				☐ Delete	TIT NA	LE ME						☐ Change	Addilion	
STREET ADDRESS						REET ADDRESS								
CITY-ST-ZIP	ļ <u>.</u>				-	Y-ST-ZIP					**	ET out	FT Address	
TITLE NAME	-			— □ Delete	1	ME .			- <b>-</b>			Change	Addition	
STREET ADDRESS						REET ADDRESS								
CITY-ST-ZIP	-			<u> </u>		Y-ST-ZIP						☐ Change	☐ Addition	
FITLE NAME				☐ Delete	TIT Am	ME						Change	CT Anginon	
STREET ADDRESS						REET ADDRESS								
CHY-ST-ZIP	<u> </u>			☐ Delete	TIT	Y-ST-ZIP						☐ Change	☐ Addition	
TITLE NAME				in Delete		ME ·		± 2	·.				Addition	
STREET ADDRESS				•		REET ADDRESS Ty-St-Zip	y	• • •	•					
CITY-ST-ZIP .	<u> </u>			☐ Delete		LE		7. a. t	1			. Change ·	☐ Addition	
NAME		- · -	•	Octob	1	ME		21.74						
STREET ADDRESS					1	REET ADDRESS TY-ST-ZIP								
12. I hereby	L certify that th	ne information st	pplied with t	his filing does not qualify	for the ex	emption stat	ted in Se	ection 119.07(3)	(i), Florida S	tatutes. I fu	rther certi	ify that the in	nformation	
indicated of the cor	l on this repo rporation or t	ort or supplement the receiver or tr	ital report is t ustee empov	rue and accurate and that vered to execute this repo ith all other like empowers	t my sìgn art as requ	aturo chall h	ave the	same legal effe	ct as it made	a under oatl	h∵that Lai	m an officer.	or director	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR