


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 665765
 1. Entity Name
B. GLASS TYPOGRAPHY, INC.



Principal Place of Business Mailing Address
C/O JOHN N. GLASS, JR. **C/O JOHN N. GLASS, JR.**
211 CROSS ST. **211 CROSS ST.**
MIAMI SPGS., FL 33166 **MIAMI SPGS., FL 33166**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1988258 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
KOPPEN, ROBERT A.
501 NE 94TH STREET
MIAMI SHORES, FL EF, FL 33138

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B. 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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GLASS, LAWRENCE L.
STREET ADDRESS	211 CROSS ST.
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	PD
NAME	GLASS, JOHN N. JR.
STREET ADDRESS	211 CROSS ST.
CITY-ST-ZIP	MIAMI SPRINGS, FL
TITLE	STD
NAME	RAMOS, MARGARET
STREET ADDRESS	211 CROSS ST
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000002080
 01/12/04-80038-008 150.00

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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: Lawrence L Glass 1/5/04 305 887 3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #