2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 665765

Name:

Address:

City-St-Zip:

RAMOS, MARGARET

MIAMI SPRINGS, FL 33166

211 CROSS ST

Entity Name: B. GLASS TYPOGRAPHY, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
C/O JOHN 211 CROS	N. GLASS,JR		C/O JOHN N. GLA 211 CROSS ST.	SS,JR.	
	SS., FL 33166		MIAMI SPGS., FL	33166 US	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
211 CROS	N. GLASS,JR S ST. SS., FL 33166		C/O JOHN N. GLA 211 CROSS ST. MIAMI SPGS., FL		
FEI Number:	59-1988258	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
501 NE 94 MIAMI SHO	,	EF, FL 33138 US	urnoso of changing its regist	tered office or registered agent, or bo	
in the State		submits this statement for the p	urpose of changing its regist	tered office or registered agent, or bo	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VPD () GLASS, LAWRE 211 CROSS ST MIAMI SPRINGS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () GLASS, JOHN N 211 CROSS ST MIAMI SPRINGS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	STD ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAWRENCE L. GLASS VPD 01/12/2009