

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 665765

**Entity Name:** B. GLASS TYPOGRAPHY,INC.

**Current Principal Place of Business:**

C/O JOHN N. GLASS,JR.  
211 CROSS ST.  
MIAMI SPGS., FL 33166

**FILED**  
**Jan 21, 2014**  
**Secretary of State**  
**CC9069352383**

**Current Mailing Address:**

C/O JOHN N. GLASS,JR.  
211 CROSS ST.  
MIAMI SPGS., FL 33166 US

**FEI Number: 59-1988258**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPPEN, ROBERT A.  
501 NE 94TH STREET  
MIAMI SHORES, FL EF, FL 33138 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name GLASS, LAWRENCE L.  
Address 211 CROSS ST.  
City-State-Zip: MIAMI SPRINGS FL

Title PD  
Name GLASS, JOHN N. JR.  
Address 211 CROSS ST.  
City-State-Zip: MIAMI SPRINGS FL

Title STD  
Name RAMOS, MARGARET  
Address 211 CROSS ST  
City-State-Zip: MIAMI SPRINGS FL 33166

*I hereby 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 all other like empowered.*

**SIGNATURE: GLASS , JOHN N. JR.**

**PRESIDENT**

**01/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date