

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000093871

**Entity Name:** BELFORTGLASS LLC

**Current Principal Place of Business:**

6030 N.W. 99TH AVENUE, SUITE #414  
EL DORAL, FL 33178

**Current Mailing Address:**

6030 N.W. 99TH AVENUE, SUITE #414  
EL DORAL, FL 33178

**FEI Number:** 32-0351236

**Certificate of Status Desired:** No

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

VALENTINI, CARMINE  
6030 N.W. 99TH AVENUE, SUITE #414  
EL DORAL, FL 33178 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

**Authorized Person(s) Detail :**

Title MGRM  
Name VALENTINI, CARMINE  
Address 6030 N.W. 99TH AVENUE, SUITE #414  
City-State-Zip: EL DORAL FL 33178

Title MGRM  
Name THE ITALIAN IMAGE, INC.  
Address 6030 N.W. 99TH AVENUE, SUITE #414  
City-State-Zip: EL DORAL FL 33178

Title MGRM  
Name MALATESTA SISTA, ENZO  
Address 6030 N.W. 99TH AVENUE, SUITE #414  
City-State-Zip: EL DORAL FL 33178

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VALENTINI CARMINE

MGRM

02/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date