


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # 486238**  
 1. Entity Name  
**GLASS & RASTATTER, P.A.**



Principal Place of Business 524 SOUTH ANDREWS AVENUE SUITE 301 N FT LAUDERDALE, FL 33301	Mailing Address 524 SOUTH ANDREWS AVENUE SUITE 301 N FT LAUDERDALE, FL 33301
---	---

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1621173	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  
 RASTATTER, PATRICK C.  
 524 S. ANDREWS AVE.  
 FT LAUDERDALE, FL 33301

**DO NOT WRITE IN THIS SPACE**

8. 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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP GLASS, JEFFREY A 524 S. ANDREWS AVE., STE. 301N FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RASTATTER, PATRICK C 2720 NE 57 STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000001968  
 01/12/04-80093-010 150.00

**DO NOT WRITE IN THIS SPACE**

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:  1-7-04 954 463 2965  
 \_\_\_\_\_ Date Daytime Phone #