


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



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1988258	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

**DO NOT WRITE IN THIS SPACE**

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

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when re-stating)	DATE _____
--	---	------------

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--------------------------------

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

U00000002090  
01/12/04-80038-009 150.00

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