

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90005 014 ***150.00

DOCUMENT # F00000003018

1. Entity Name

GLASS EMPORIUM OF MARIN, INC.



Principal Place of Business

825 E. BURGESS RD.
PENSACOLA FL 32504

Mailing Address

1276 WEST GRAND AVENUE
OAKLAND CA 94607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7997 PENSACOLA BLVD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

City & State

Zip

32534

Country

USA

Zip

Country

4. FEI Number

94-3219511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAKIMIAN, MEARDAD
825 E. BURGESS RD.
PENSACOLA FL 32504

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAKIMIAN, MEARDAD	
STREET ADDRESS	355 ORCHID DR.	
CITY-ST-ZIP	SAN RAFAEL CA 94903	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAKIMIAN, MEARDAD	
STREET ADDRESS	355 ORCHID DR.	
CITY-ST-ZIP	SAN RAFAEL CA 94903	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #