

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90289 031 ***150.00

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1. Entity Name

GLASS EMPORIUM OF MARIN, INC. ✓



Principal Place of Business
7997 PENSACOLA BLVD
PENSACOLA FL 32534

Mailing Address
1276 WEST GRAND AVENUE
OAKLAND CA 94607



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

94-3219511

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **MEARDAD HAKIMIAN**

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

7997 PENSACOLA BLVD.

City **PENSACOLA**

FL

Zip Code **32534**

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 \$150.00

After May 1, 2006 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** ☐ Delete
NAME **HAKIMIAN, MEARDAD**
STREET ADDRESS **355 ORCHID DR.**
CITY-ST-ZIP **SAN RAFAEL CA 94903**

TITLE **T** ☐ Delete
NAME **HAKIMIAN, MEARDAD**
STREET ADDRESS **355 ORCHID DR.**
CITY-ST-ZIP **SAN RAFAEL CA 94903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **MEARDAD HAKIMIAN**
STREET ADDRESS **ONE DESILVA ISLAND COURT**
CITY-ST-ZIP **MILL VALLEY, CA 94941**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
NAME **EMMA DE GUZMAN**
STREET ADDRESS **2223 PEACOCK PLACE**
CITY-ST-ZIP **UNION CITY, CA 94587**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/25/06 510 893 4900