| 1. Entity Name GLASS-FOR Principal Place or 310 TIFFANY ST. BRONX, NY 104 | o: Business | • | | | | | etary 0 -2006 90040 01 | |
|--|---|---|---|--|--|---|--|--------------------------|
| City & State | o: Business | 310 TIFFANY ST. BRONX, NY 10474 | ^ | | -1 | | | |
| Suite, Apt. #, et | | 3. Mailing Address | 310 TIFFANY ST. | | I FREIST UN ARTIK DEIS BEUK SING DEM DEM DEM DEM DEM UMM AMM AUMALIA PPAR C | | s metre Di ni Jean | |
| City & State | C. | 3. Mailing Address | | | | | | |
| | | Suite, Api. 4, etc. | | | 01182006 | Chg-P | CR2E034 (11/0 | 5) |
| Zip | | City & State | | | 4. FEI Number Applied For 13-3947.928 Not Applicable | | | |
| | | Zip Country | | 5. Certificate of Status Desired Status Desir | | | | |
| | Name and Address of Currer | nt Registered Agent | | 7. Name and Address of Naw Registered Agent | | | | |
| MARCHEGGIANI, ENRICO 1 <mark>91 N.W. 97TH AVENUE, АРТ 522</mark> – 1 И.Н. I Ы В. Ц. М.С. А MIAMI, FL 3 311 2 – З.З. 14 1 | | | 19-51 Street Address (| | P.O. Box Number is Not Acceptable) | | | |
| | | - | | City | FL Zip Code | | | |
| FILE N After May, | OWIN FEE IS \$150.00 I, 2006 Fee will be \$550 | | ign Financ | Agent ogrupure recure | .00 May Be | | 1.2.7.(3416 | |
| 10. The VF | OFFICERS AN | | 11. 7 mr.e | -) (200 - 100 | | | FICERS AND DIRECTO | 1 (1) Addition |
| STREET ADDRESS 31 | LONG, JEANINE (CONSTREET) | ا میں دور میں دور میں دور میں | STREE | TADORESS | (| an gan jari (tar 1 ta a bina a a 2 taran 1 tar | and the second secon Second second second Second second second Second second second Second second s Second second second Second second second Second second | and strate and strate |
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| IFILE NAME STREFT ADORESS CITY-ST-ZP | - | Delate | TITLE NAME STREET CITY-1 | TAUGRESS | | | Change | Aodulian |
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| CITY-ST-DP TITLE NAME STREET ADDRESS | | Celda | CITLE FRAME STREET | ST- OP | | | Change | Acclition |
| CITY-ST-EP. | y that the information supplied wi his report or supplemental report tion or the receiver or trusted and nan attachmedit with a address RE: FEANLE JECHNILLE AND TIME ON | is true and accurate and that r powered to execute this report | GITY-S or the exer ny signatu as require | ST- 2P mptions contained re shall have the ad by Chapter 60 | same legal effect | t as if made under | oath; that I am an offic | er or director |



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2006

5-1 j. - 4

GLASS-FORM PRODUCTION, INC. 310 TIFFANY ST. BRONX, NY 10474

Subject: GLASS-FORM PRODUCTION, INC.

-Reference Number:

F0000004740 -

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION