


2006 FOR PROFIT CORPORATION ANNUAL REPORT

1/3

FILED
Feb 27, 2006 8:00 am
Secretary of State

01-30-2006 90040 018 ***150.00

DOCUMENT # F0000004740					
1. Entity Name GLASS-FORM PRODUCTION, INC.					
Principal Place of Business 310 TIFFANY ST. BRONX, NY 10474			Mailing Address 310 TIFFANY ST. BRONX, NY 10474		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3947928	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MARCHEGGIANI, ENRICO 101 N.W. 97TH AVENUE, APT 522 MIAMI, FL 33142 38141				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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: <i>Enrico</i>				DATE: 1-27-06	
NOTE: Registered Agent signature required when re-issuing					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE LONG, JEANINE		NAME		
STREET ADDRESS	310 TIFFANY STREET		STREET ADDRESS		
CITY-ST-ZIP	BRONX, NY 10474		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COELHO, DOMINICK		NAME		
STREET ADDRESS	80 DUTCHER AVE		STREET ADDRESS		
CITY-ST-ZIP	PAWLING, NY 12546		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Jeanine DeLong</i>			DATE: 2/24/06 (718) 679-4722		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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01182006 Chg-P CR2E034 (11/05)

4. FEI Number 13-3947928 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 MARCHEGGIANI, ENRICO
 101 N.W. 97TH AVENUE, APT 522
 MIAMI, FL 33142 38141

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 State: FL
 Zip Code

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SIGNATURE: *Enrico* DATE: 1-27-06

9. Election Campaign Financing \$5.00 May Be Added to Fees

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SIGNATURE: *Jeanine DeLong* DATE: 2/24/06 (718) 679-4722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment



66002741

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

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

Subject: GLASS-FORM PRODUCTION, INC.

Reference Number: F00000004740

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** 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.

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ANNUAL REPORTS SECTION