


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90107 012 \*\*\*150.00

**DOCUMENT # F00000004740**

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

**DO NOT WRITE IN THIS SPACE**

40109483



01152007 No 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  
 7441 WAYNE AVE SE  
 MIAMI BEACH, FL 33141

**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: *Enrico* DATE: *4-25-07*

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LONG, JEANINE 310 TIFFANY STREET BRONX, NY 10474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COELHO, DOMINICK 80 DUTCHER AVE RAWLING, NY 12546 <i>8 Gail Lane Poughkeepsie, NY 12570</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Dominick Coelho* DATE: *5/24/07* DAYTIME PHONE #: *718-617-4752*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #