

**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

*Handwritten Signature*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-07**

**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** 8 Gail Lane  
Poughkeepsie, NY 12570

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Handwritten Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**5/24/07**

DAYTIME PHONE #

**718-617-4752**