2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53767

Entity Name: GLASSMASTERS, INC

MIRAMAR, FL 33023 US

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Elluty Nai	IIIe: GLASSIVI	ASTERS, INC.			
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
6728 NE 4 MIAMI, FL					
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
6728 NE 4 MIAMI, FL					
FEI Number:	: 59-3267731	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent	: Name and Address of	New Registered Agent:	
KOPPEN, 200 N.E. 9 MIAMI, FL		SQ .			
	named entity se of Florida.	submits this statement for t	the purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered	Agent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	` '		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	P () OKERSON, DO 7952 PLANTAT		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE JUDITH PIERRE-OKERSON ST 03/20/2009