


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90089 039 \*\*\*150.00

<b>DOCUMENT # H05319</b> 1. Entity Name <b>GLASS TECH ENGINEERING, INC.</b>					
Principal Place of Business <b>8469 NW 70TH ST MIAMI FL 33166 US</b>			Mailing Address <b>13523 S.W. 66TH TERRACE MIAMI FL 33183</b>		
2. Principal Place of Business <b>8321 NW 70 St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>8321 NW 70 St.</b> Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>59-2684573</b>	
Zip <b>33166</b>		Country <b>MIAMI</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PEREZ, ELVIRA 8469 NW 70TH ST MIAMI FL 33166</b>			7. Name and Address of New Registered Agent Name <b>Elvira Perez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8321 NW 70 St.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>		
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 <u><i>Elvira Perez</i></u> <b>ELVIRA PEREZ</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PEREZ, RAMON</b> <b>13523 S.W. 66TH TERRACE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PEREZ, Ramon</b> <b>8321 NW 70 St</b> <b>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>PEREZ, ELVIRA J.</b> <b>13523 S.W. 66TH TERRACE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST <b>PEREZ, ELVIRA J.</b> <b>8321 NW 70 St.</b> <b>MIAMI FL 33166</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Elvira Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/30/04 305-594-4321 <small>Date Daytime Phone #</small>		