

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000010602**

1. Entity Name  
**AWARDS BY GLYPTICS, INC.**



Principal Place of Business  
**8527 OLD COUNTRY MANOR APT 503  
DAVIE, FL 33328**

Mailing Address  
**8527 OLD COUNTRY MANOR APT 503  
DAVIE, FL 33328**



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1070504</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THIBERT, BELINDA  
8527 OLD COUNTRY MANOR APT 503  
DAVIE, FL 33328**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	THIBERT, BELINDA
STREET ADDRESS	8527 OLD COUNTRY MANOR #503
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	VP
NAME	FRANKLIN, THOMAS
STREET ADDRESS	2921 NE 8 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	D
NAME	LOTT, JOSEPH
STREET ADDRESS	2205 NE 30 STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33064

TITLE	ST
NAME	COLEMAN, NANCY
STREET ADDRESS	1009 SE 15 STREET
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000793715  
01/30/08-80079-019 150.00

**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:** *Belinda Thibert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-25-08 (954) 941-5487*

*Belinda Thibert, President*