## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Aug 04, 2006 8:00 am Secretary of State DOCUMENT # P04000156818 1. Entity Name 08-04-2006 90018 018 \*\*\*550.00 BIT OF GLASS, INC. Principal Place of Business Mailing Address 248 NW 37 WAY 248 NW 37 WAY DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number City & State Applied For 65-1236801 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Browanil Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TODARO, GERALDINE 248 NW 37 WAY Street Address (P.O. Box Number is Not Acceptable) **DEERFIELD BEACH FL 33442** City Zip Code 8. The above named entity suppriits 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition TORADO, GERALDINE NAME NAME 248 NW 37 WAY STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33442 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TULE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CffY-ST-ZIP 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 of flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter do not not altered the property will all other like empowered.

**FILED** 

Davtme Phone #