2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 09, 2004 08:00 AM **DOCUMENT # P99000067463** Secretary of State 1. Entity Name GLASSMAN GROSSI, INC. Principal Place of Business Mailing Address 3385 S MCCALL RD 3385 S MCCALL RD ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224 US US 04282004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0946015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GLASSMAN, DANIEL DO NOT WRITE 74 CAYMAN ISLES BLVD ENGLEWOOD, FL 34223 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, typed or printed steme of registered agent and the fileophicable. (KCSTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GLASSMAN, DANIEL U00000162346 74 CAYMAN ISLES BLVD STREET ADORESS 06/09/04-80002-024 150.00 CITY-ST-ZP ENGLEWOOD, FL 34223 TILE MAKE STREET ADDRESS CITY-ST-ZP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BRE NAME STREET ADDRESS CITY-ST-ZIP BILE STREET ADDRESS CATY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 rustee emphylered to execute his 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 an officer or the receiver of the changed.

Daysina Phone #

131.1 NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: