2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P99000067463** 04-04-2005 90075 018 ***150.00 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 CR2E034 (10/03) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0946015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. 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 name of registered agent and title il applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS PD NAME GLASSMAN, DANIEL STREET ADDRESS 74 CAYMAN ISLES BLVD CITY-ST-ZIP ENGLEWOOD, FL 34223 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE Ctty-St-7P IN THIS SPACE TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride Statutes. I further certify that the information indicated on this report or suppliemental 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 reverver 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 attactyrient with an address, with all other like empowered. 2605 SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Distriction Phone #