

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000042874

**Entity Name:** GLOTTMAN ANTEPRIMA, INC.

**Current Principal Place of Business:**

219 NW 26 STREET  
MIAMI, FL 33127

**Current Mailing Address:**

219 NW 26 STREET  
MIAMI, FL 33127

**FEI Number:** 65-1101058

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLOTTMAN, OSCAR  
219 NW 26 STREET  
MIAMI, FL 33127 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name GLOTTMAN, OSCAR  
Address 219 NW 26 STREET  
City-State-Zip: MIAMI FL 33127

Title S  
Name GLOTTMANN, EVA  
Address 888 BISCAYNE BLVD #4908  
City-State-Zip: MIAMI FL 33130

Title VP  
Name GLOTTMAN, JANINE  
Address 1185 NE 87 ST  
City-State-Zip: MIAMI FL 33138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EVA GLOTTMANN

**SECRETARY**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date