

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563859

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: V. G. MIRROR AND GLASS MART DISTRIBUTORS CORP.

**Current Principal Place of Business:**

2300 NW 34 AVE.  
BOX 231  
MIAMI, FL 33142 US

**New Principal Place of Business:**

**Current Mailing Address:**

4600 S.W. 139 AVE.  
BOX 231  
MIRAMAR, FL 33027

**New Mailing Address:**

FEI Number: 59-1810794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GONZALEZ, RAQUEL  
4600 SW 139 AVENUE  
MIRAMAR, FL 33027 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: GONZALEZ, RAQUEL  
Address: 4600 S.W. 139TH AVE.  
City-St-Zip: MIRAMAR, FL

Title: PD ( ) Delete  
Name: GONZALEZ, EMILIO F.  
Address: 4600 S.W. 139TH AVE.  
City-St-Zip: MIRAMAR, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAQUEL GONZALEZ

T/S

06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date