


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91052 031 ***150.00

DOCUMENT # P93000076269					
1. Entity Name EDUARDO GLASS & MIRROR INC.					
Principal Place of Business 10805 SW 40TH ST MIAMI, FL 33165 US		Mailing Address 10805 SW 40TH ST MIAMI, FL 33165 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0514240	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BORGES, MIGUEL 44330 SW 40TH STREET MIAMI, FL 33165			Name Street Address (P.O. Box Number is Not Acceptable) 5145 SW 154TH PL City MIAMI FL Zip Code 33185		
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 _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BORGES, MIGUEL		NAME		
STREET ADDRESS	11330 SW 40TH ST		STREET ADDRESS	5145 SW 154TH PL	
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME			NAME	PERLA SOMARRIBA	<input checked="" type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	5145 SW 154TH PL	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33185	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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), 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 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Miguel Borges</i>		MIGUEL BORGES		04/29/04 (305) 559-5242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	