## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000045823**

1. Entity Name

PROFESSIONAL GLASS AND MIRROR, INC.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

Mailing Address

1930 N.W. 18TH ST #13 1930 N.W. 18TH ST

#13

DO NOT WRITE IN THIS SPACE

POMPANO BEACH, FL 33069 US

POMPANO BEACH, FL 33069 US



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04353008	No Cha.D	CD2C034 (44/05)

4.	FEI Number 65-0246744	Applied For Not Applicable	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRIAN, ESSER W 1930 N.W. 18TH ST., #13 POMPANO BEACH, FL 33069

## DO NOT WRITE IN THIS SPACE

			III TIIIO OF MOL			
	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE. Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 9. Election Cam After May 1, 2006 Fee will be \$550.00 Trust Fund C			oing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			·	
TITLE	PD				1	
NAME	ESSER, BRIAN W					
STREET ADDRESS	1930 N.W. 18 ST. #13				U00000544901	
CITY-ST-ZIP	WESTON, FL 33069	<u>-</u> -			05/11/06-80049-021 150.00	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under path; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06