FILED
Jul 10, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 236959

1. Entity Name
CAPITAL GLASS SPECIALTIES INC.

Principal Place of Business	Mailing Address
3430 CYPRESS STREET TAMPA, FL 33607	3430 CYPRESS STREET TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE

07052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0906305
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LINO BENNIE M., JR.
3430 CYPRESS STREET
TAMPA, FL 33607

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINO, BENNIE M.,JR
STREET ADDRESS	117 S. FREMONT STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	LINO, BENNIE S
STREET ADDRESS	121 S. FREMONT STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	STD
NAME	LINO, CATHERINE
STREET ADDRESS	121 S. FREMONT STREET
CITY-ST-ZIP	TAMPA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	

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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 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: Bennie M Lino Jr - Catherine Lino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #