

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90025 028 ***150.00

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1. Entity Name
CORAL GABLES GLASS & MIRROR CORPORATION



Principal Place of Business
**4820 S.W. 72 AVE.
MIAMI, FL 33155**

Mailing Address
**4820 S.W. 72 AVE.
MIAMI, FL 33155**

24005570



01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1956002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, ANIBAL C.
4820 S.W. 72 AVE.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, ANIBAL C.
STREET ADDRESS 4820 S.W. 72 AVE.
CITY-ST-ZIP MIAMI, FL

TITLE VD
NAME GARCIA, LOURDES
STREET ADDRESS 4820 S.W. 72 AVE.
CITY-ST-ZIP MIAMI, FL

TITLE SD
NAME GARCIA, JOSE A.
STREET ADDRESS 4820 S.W. 72 AVE.
CITY-ST-ZIP MIAMI, FL

TITLE TD
NAME GARCIA, MARIA E.
STREET ADDRESS 4820 S.W. 72 AVE.
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANIBAL C. GARCIA
PRESIDENT**

01/28/04 (305) 665-5900

Date

Daytime Phone #