2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #651123

1. Entity Name

CORAL GABLES GLASS & MIRROR CORPORATION



FILED Jan 19, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4820 S.W. 72 AVE. MIAMI, FL 33155 4820 S.W. 72 AVE. MIAMI, FL 33155



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1956002

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and A	Address of	Current Re	gistered /	Agent

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

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	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 A	gent signature	required when reinstating)	DATE	
FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ANIBAL C. 4820 S.W. 72 AVE. MIAMI, FL				U00000593714 01/22/07-80043-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, LOURDES 4820 S.W. 72 AVE. MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, JOSE A. 4820 S.W. 72 AVE. MIAMI, FL		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, MARIA E. 4820 S.W. 72 AVE. MIAMI, FL.		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

Au Ja / Xtyrus & Sulla /
Signature and types or printips name of Signing Officer or Director

01/16/2007 305-665-5900