

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 651123

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**



01042008 No Chg-P CR2E034 (11/05)

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 resigning) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

000000775267
01/08/08-80023-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 617, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/04/2008 305-665-5900