


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 662071**


1. Entity Name  
 ARMANDO GLASS CORP.



Principal Place of Business      Mailing Address

2631 SW 64TH AVE      2631 SW 64TH AVE  
 MIAMI, FL 33155-2932      MIAMI, FL 33155-2932

**DO NOT WRITE IN THIS SPACE**



05082007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2002900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, ARMANDO A.  
 2613 SW 64TH AVENUE  
 MIAMI, FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

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	P
NAME	VAZQUEZ, ARMANDO A.
STREET ADDRESS	2631 SW 64TH AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	VAZGUEZ, WILFREDO
STREET ADDRESS	2623 SW 64 AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/30/07-80066-012 150.00

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: Armando Vazquez    5-15-07      Date      305 3936738      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR