

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

02-09-2006 90049 017 ***150.00

66003228



1st MOORE CR2E034 (10/05)

DOCUMENT # F48929 1. Entity Name S. F. GLASS & MIRROR CORPORATION					
Principal Place of Business 4835 N.W. 183 ST. C/O JUAN M. SIXTO OPA LOCKA FL 33055-2955			Mailing Address 4835 N.W. 183 ST. C/O JUAN M. SIXTO OPA LOCKA FL 33055-2955		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2140127	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIXTO, JUAN M. 4835 N.W. 183 ST. OPA LOCKA FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u>JUAN M. SIXTO PR.</u> (NOTE: Registered Agent signature required when substituting) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD		TITLE	STD	
NAME	SIXTO, PAULA		NAME	SIXTO, PAULA	
STREET ADDRESS	980 SW 171 TERRACE		STREET ADDRESS	980 S.W. 171 TERR.	
CITY- ST- ZIP	HOLLYWOOD FL 33027		CITY- ST- ZIP	PENSACOLA PINES, FLA. 33027	
TITLE	PD		TITLE	PD	
NAME	SIXTO, JUAN M		NAME	SIXTO, JUAN M.	
STREET ADDRESS	980 SW 171 TERRACE		STREET ADDRESS	980 SW. 171 TERR.	
CITY- ST- ZIP	HOLLYWOOD FL 33027		CITY- ST- ZIP	PENSACOLA PINES, FL. 33027	
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Juan M. Sixto PR.</u>			Date: <u>JAN-27-06</u> Division Phone #: <u>305-624-3278</u>		



ATTACHMENT

66003228

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2006

S. F. GLASS & MIRROR CORPORATION
4835 N.W. 183 ST.
C/O JUAN M. SIXTO
OPA LOCKA, FL 33055-2955

Subject: S. F. GLASS & MIRROR CORPORATION

Reference Number: **F48929**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION