2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G19934

1. Entity Name
K & K MIRROR, INC.

Principal Place of Business	Mailing Address
600 WEST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009	600 WEST HALLANDALE BEACH BLVD. HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

02222005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2253303	Not Applicable

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

6. Name and Address of Current Registered Agent

KWITNEY, LEON
3440 NE 192 ST 4H
AVENTURA, FL 33160

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KWITNEY, LEON
STREET ADDRESS	3440 NE 192 ST APT 44
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/10/05-80002-002 150.00

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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: _Leon Kwitney_   Leon Kwitney President 03/07/05 954-454-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #