

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # G58746		
1. Entity Name ST. LAURENT GLASS & MIRROR, INC.		
Principal Place of Business	Mailing Address	
1801-HYPOLUXO ROAD UNIT D-3 LANTANA, FL 33462 US	1801-HYPOLUXO RD. UNIT D-3 LANTANA, FL 33462 US	



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2318798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST. LAURENT, YVON
 8545 TOURMALINE BLVD.
 BOYNTON BEACH, FL 33437-9419

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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ST LAURENT, YVON G 8545 TOURMALINE BLVD. BOYNTON BCH., FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ST LAURENT, NORMA A 8545 TOURMALINE BLVD. BOYNTON BCH., FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03-07-08-80002-003-150:00

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: [Signature] PT. FEB 18/08 561-704-2264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #