

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90347 029 \*\*\*150.00

**DOCUMENT # K69587**

1. Entity Name

GLASS MIRROR PRODUCTS, INC.



Principal Place of Business

650 WEST 18 STREET  
HIALEAH FL 33010  
US

Mailing Address

650 WEST 18 STREET  
HIALEAH FL 33010  
US

50040551



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

670 West 18<sup>th</sup> Street

3. Mailing Address

670 West 18<sup>th</sup> Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33010

Country

USA

Zip

33010

Country

USA

4. FEI Number

65-0131944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ROGELIO  
650 WEST 18 ST  
HIALEAH FL 33010

7. Name and Address of New Registered Agent

Name Rogelio Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

670 West 18<sup>th</sup> Street

City Hialeah

FL

Zip Code 33010

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

*Eduardo Rodriguez*

Eduardo Rodriguez

4-13-05

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                        |                                 |
|-----------------|------------------------|---------------------------------|
| TITLE           | DP                     | <input type="checkbox"/> Delete |
| NAME            | RODRIGUEZ, ROGELIO, SR |                                 |
| STREET ADDRESS  | 847 WEST 17 STREET     |                                 |
| CITY - ST - ZIP | HIALEAH FL 33010       |                                 |
| TITLE           | D                      | <input type="checkbox"/> Delete |
| NAME            | RODRIGUEZ, EDVARDO     |                                 |
| STREET ADDRESS  | 847 WEST 17 STREET     |                                 |
| CITY - ST - ZIP | HIALEAH FL 33010       |                                 |
| TITLE           | DV                     | <input type="checkbox"/> Delete |
| NAME            | RODRIGUEZ, ROGELIO JR  |                                 |
| STREET ADDRESS  | 847 WEST 17 STREET     |                                 |
| CITY - ST - ZIP | HIALEAH FL 33010       |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |
| TITLE           |                        | <input type="checkbox"/> Delete |
| NAME            |                        |                                 |
| STREET ADDRESS  |                        |                                 |
| CITY - ST - ZIP |                        |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                        |  |
|-----------------|------------------------|--|
| TITLE           | DP                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Rodriguez, Rogelio, Sr |  |
| STREET ADDRESS  | 670 West 18 Street     |  |
| CITY - ST - ZIP | Hialeah, FL 33010      |  |
| TITLE           | D                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Rodriguez, Eduardo     |  |
| STREET ADDRESS  | 670 West 18 Street     |  |
| CITY - ST - ZIP | Hialeah, FL 33010      |  |
| TITLE           | DV                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | Rodriguez, Rogelio, Jr |  |
| STREET ADDRESS  | 670 West 18 Street     |  |
| CITY - ST - ZIP | Hialeah, FL 33010      |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |
| TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                        |  |
| STREET ADDRESS  |                        |  |
| CITY - ST - ZIP |                        |  |

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:

*Eduardo Rodriguez*

Eduardo Rodriguez

4-13-05 (305) 889-0616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #