


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 010 ***150.00

| | | |
|---|--|---|
| DOCUMENT # L40785 | |  |
| 1. Entity Name COCONUT GROVE GLASS & MIRROR CORP. | | |
| Principal Place of Business 4246 NW 37 AVE MIAMI FL 33142 | | Mailing Address 4246 NW 37 AVE MIAMI FL 33142 |



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|--|--|
| 2. Principal Place of Business - No P.O. Box # 3660 N.W. 41 ST | 3. Mailing Address 3660 N.W. 41 ST |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/06)

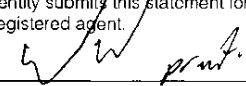
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|----------------------------------|----------------------------------|
| City & State MIAMI FLA | City & State MIAMI FLA |
| Zip 33142 | Zip 33142 |
| Country USA | Country USA |

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|------------------------------------|--|
| 4. FEI Number 65-0167133 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VALDES-ZUAZO, WILLIAM 10471 S.W. 46 TERRACE MIAMI FL 33165 |
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| 7. Name and Address of New Registered Agent Name WILLIAM VALDES-ZUAZO Street Address (P.O. Box Number is Not Acceptable) 3660 N.W. 41 ST City MIAMI FL FL Zip Code 33142 |
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| 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  WILLIAM VALDES-ZUAZO 1-25-07 <small>(NOTE: Registered Agent signature required when reinstating)</small> |
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D VALDES-ZUANZO, WILLIAM 4246 NW 37 AVE MIAMI FL 33142 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRESIDENT WILLIAM VALDES-ZUAZO 3660 N.W. 41 ST MIAMI FLA 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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| SIGNATURE:  WILLIAM VALDES-ZUAZO 1-25-07 305-634-3420 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |