


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M38425</b> 1. Entity Name <b>CASINO GLASS &amp; MIRROR INC.</b>	
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Principal Place of Business <b>527 N. 21 AVENUE HOLLYWOOD, FL 33020 US</b>	Mailing Address <b>C/O JOHN CASINO 6221 FUNSTON ST HOLLYWOOD, FL 33023</b>
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**DO NOT WRITE IN THIS SPACE**



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2725427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

5. Name and Address of Current Registered Agent  <b>CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL 33023</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000329653</b> <b>04/25/05-80125-015 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD CASINO, DEBORAH J. 6221 FUNSTON ST HOLLYWOOD, FL</b>
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**DO NOT WRITE IN THIS SPACE**

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:** *Deborah J. Casino* **DEBORAH J. CASINO V.P. SEC.** **4-25-05 954-920-4202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #