


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # M38425 1. Entity Name CASINO GLASS & MIRROR INC.		
Principal Place of Business 527 N. 21 AVENUE HOLLYWOOD, FL 33020 US		Mailing Address C/O JOHN CASINO 6221 FUNSTON ST HOLLYWOOD, FL 33023
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL 33023		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 re-registering) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! FEB 18 \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CASINO, JOHN 6221 FUNSTON ST HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CASINO, DEBORAH J. 6221 FUNSTON ST HOLLYWOOD, FL	
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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: <i>Deborah J. Casino</i> DEBORAH J. CASINO 4/20/07 954-920-1802 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04202007 No Chg-P CR2E034 (11/05)

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

**DO NOT WRITE
IN THIS SPACE**

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