

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90365 034 \*\*\*150.00

<b>DOCUMENT # M97350</b> 1. Entity Name <b>GLASS &amp; MIRROR OF BOCA INC.</b>			
Principal Place of Business <b>2174 N. DIXIE HWY BOCA RATON, FL 33431</b>		Mailing Address <b>2174 N. DIXIE HWY BOCA RATON, FL 33431</b>	
2. Principal Place of Business <b>1733 COSTA DEL SOL</b>		3. Mailing Address <b>1733 COSTA DEL SOL</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>BOCA RATON FL.</b>		City & State <b>BOCA RATON FL.</b>	
Zip <b>33432</b>		Zip <b>33432</b>	
Country <b>W Palm Beach</b>		Country <b>W Palm Beach</b>	
4. FEI Number <b>65-0075913</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUDIC, ALEKSANDER 3049 N.W. 25TH WAY BOCA RATON, FL 33434</b>		7. Name and Address of New Registered Agent Name <b>BUDIC, ALEKSANDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3111 VERMONT LN.</b> City <b>WELLINGTON, W. Palm Beach FL</b> Zip Code <b>33414</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDIC, ALEKSANDAR 3049 N.W. 25TH WAY BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDIC ALEKSANDAR 3111 VERMONT LN WELLINGTON FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUDIC, NADA 3049 N.W. 25TH WAY BOCA RATON, FL 33434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUDIC NADA 3111 VERMONT LN WELLINGTON FL 33414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <u>N. Budic</u>		N. BUDIC <u>4/24/06</u> <u>561-392-4804</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

# 4670