

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90231 015 ***150.00

DOCUMENT # P00000063969

1. Entity Name

RR GLASS & WINDOWS SERVICE, INC.



Principal Place of Business

Mailing Address

~~727 N.W. 33 AVENUE~~
~~MIAMI FL 33126~~

~~727 N.W. 33 AVENUE~~
~~MIAMI FL 33126~~



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

9725 Fountainblow Blvd

3. Mailing Address

9725 Fountainblow Blvd

Suite, Apt. #, etc.

A-205

Suite, Apt. #, etc.

A-205

City & State

Miami FL

City & State

Miami FL

Zip

33172

Country

U.S.A.

Zip

33172

Country

U.S.A.

4. FEI Number

65-1027014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME RODRIGUEZ, JOSE RENE
STREET ADDRESS 727 N.W. 33 AVENUE
CITY-ST-ZIP MIAMI FL 33125

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVS ☐ Delete
NAME CLARK, RAYDEL
STREET ADDRESS 1043 SW 31 AVENUE
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Rodriguez Pres. April 15/05 786-251-3005

Date

Daytime Phone #