

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90058 022 ***150.00

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1. Entity Name

A & R GLASS COMPANY



Principal Place of Business

1034 ALTON RD.
SUITE-2
MIAMI BEACH FL 33139

Mailing Address

1034 ALTON RD.
SUITE-2
MIAMI BEACH FL 33139



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1033824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUCHS, AREYH
1034 ALTON RD (SUITE-2)
MIAMI BEACH FL 33139

Name **Robert Federhofer**
Street Address (P.O. Box Number is Not Acceptable)
1579 N.E. 180 ST.

North Miami Beach, FL 33162

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 registering.)

DATE

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME ☒ Delete
FUCHS, AREYH
STREET ADDRESS 1602 ALTON ROAD SUITE 70
CITY ST- ZIP MIAMI BEACH FL 33139

NAME ☐ Delete
FEDERHOFER, ROBERT
STREET ADDRESS 1579 NE 180 STREET
CITY ST- ZIP MIAMI FL 33162

NAME ☐ Delete
STREET ADDRESS
CITY ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY ST- ZIP

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 305-673-0631

Date

Daytime Phone #