


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90013 048 ***150.00

DOCUMENT # P01000008896	
1. Entity Name TOTAL GLASS & MIRROR, INC.	

Principal Place of Business 10449 SW 185TH TERR MIAMI, FL 33157	Mailing Address 10449 SW 185TH TERR MIAMI, FL 33157
---	---

54037503

2. Principal Place of Business 10960 SW 144 PL.	3. Mailing Address 10960 SW 144 PL.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

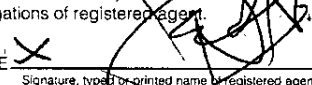


03302004 Chg-P CR2E034 (10/03)

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33186	Country
Country	Zip 33186
Country	Country


4. FEI Number 65-1097506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CACERES, EDUARDO 10449 SW 185TH TERR MIAMI, FL 33157	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10960 SW 144 PL. City MIAMI FL 33186	

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 	DATE 04/01/2004
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CACERES, EDUARDO 4964 SW 136 PL MAI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10960 SW 144 PL MIAMI, FL. 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CACERES, MARA M 4964 SW 136 PL MAI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10960 SW 144 PL MIAMI, FL. 33186
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 exemption stated in Section 119.07(3)(l), 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 	EDUARDO CACERES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 04/01/2004	Daytime Phone # (305) 226-9607