


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000013305</b>	
1. Entity Name A ARTISTIC GLASS & MIRROR, INC.	

Principal Place of Business 2100 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062	Mailing Address 2100 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062
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**DO NOT WRITE IN THIS SPACE**



07212005 No Chg-P CR2E034 (10/03)

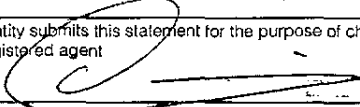
4. FEI Number 65-1081316	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EID, MARWAN  
2100 EAST ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

**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  DATE 07/20/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

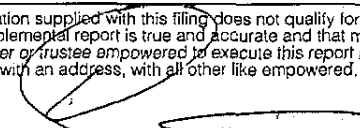
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EID, MARWAN 2100 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTUCCI, ANTHONY S 2100 EAST ATLANTIC BLVD. POMPANO BEACH, FL 33062
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07/26/05-80007-012 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE 07/20/05 561-3620491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR