A. 14

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DÖCUMENT # P01000020077 1. Entity Name FLORIDA GLASS AND MIRROR ENTERPRISES, INC.					05 05	FILE1	PM 2: 28	
Principal Place of Busin		Mailing Address 13270 SW 131 STREET			S	ECHELMASSEI ALLAHASSEI	E, EFOKINA	
STE 133 Miami, Fl. 33186		STE 133 MIAMI, FL 33186			f (ES (SEO) 514 a			-: III :: (III)
2. Principal Place of B	usiness	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number 65-1076			oplied For ot Applicable
Zip	Country	Zip	Coun	try	5. Certificate of	of Status Desired	□ \$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
PRESSOIR; NIRVA				Street Address (P.O. Box Number is Not Acceptable)				
13270 SW 131 STREET STE 133				Street Address	(P.O. Box Number	is Not Acceptable)		
MIAMI, FL 33186				13271	0 5W	1318+	reet -st	e133
C					ami		FL 尖尖	186
8. The above named of the obligations of re-	entity submits this statement for	or the purpose of changing i	s register	ed office or regist	ered agent, or both	, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE Signature, typegater Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE PD Delete TITL NAME PRESSOIP NIRVA NAM				Pa	runens	Pressoi	☐ Change	Addition
STREET ADDRESS 13270	EET ADDRESS 13270 SW 131 STREET, STE 133				270 QU	131 Stree - L 83181	t-ste13	3
TITLE	☐ Delete 717			:	•		☐ Change	☐ Addition
NAME STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	CITY Delete TITL			-ST-ZIP			Change	☐ Addition
NAME	NAM				nc	000542	201120	
STREET ADDRESS CITY-ST-ZIP	STRE				05710	/0501028	201120 002 **450	.00
TITLE		☐ Delete	TITL	I			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS				
CITY-ST-ZIP	,		CITY	-ST-ZIP				
TITLE NAME		Delete	TITL	i			☐ Change	☐ Addition
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP			Change	Addition
NAME		La Detete	NAM				— Charge	
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS -ST-ZIP				
12. I hereby certify that the information supplied with this filling 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 ampowered 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 orderess, with all other like empowered.								
SIGNATURE: U9-20-05 SIGNATURE: Date Daytime Phone #								