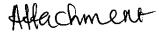
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 09, 2004 8:00 am Secretary of State **DOCUMENT # P01000085848** 07-09-2004 90003 002 ***150.00 DADE-COUNTY GLASS & MIRROR CORPORATION Principal Place of Business Mailing Address 54060849 6745 SW 8TH AVE 6745 SW 8TH AVE MIAMI, FL 33144 MIAMI, FL 33144 Suite, Apt. #, etc. Suite, Apt. #, etc. 07032004 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-1127368 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARO, ANGEL Street Address (P.O. Box Number is Not Acceptable) 6745 SW 8TH AVE MIAMI, FL 33144 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 the obligations of registered agent, SIGNATURE name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARO, ANGEL NAME NAME STREET ADDRESS **6745 SW 8 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE __ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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. 111



54060849

AFFIDAVIT WITH JURAT

Date: JUNE 30, 2004

RE: <u>DOCUMENT # P01000085848</u>

State of Florida County of Miami-Dade

The purpose of this letter is to acknowledge that I, Angel Baro, President of DADE-COUNTY GLASS & MIRROR CORPORATION located at 6745 SW 8 Avenue in Miami, Florida 33144, and properly identified declare under oath declare that:

I mailed the Uniform Business Report with a check for \$150 which never cleared my bank. For this reason I ask that you accept a duplicate check in the amount of \$150. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

Affiant's Signature

NOTARY PUBLIC

Notary I My Com Com

ANET VASALLO
Notary Public - State of Florida
MyCommission Expires Jun 25, 2007
Commission # DD208381

Bonded By National Notary Assn.