

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90027 012 ***150.00

DOCUMENT # P02000045971 1. Entity Name PEMBROKE PINES GLASS, INC.			
Principal Place of Business 1110 NW 76 TERRACE PEMBROKE PINES, FL 33024		Mailing Address 1110 NW 76 TERRACE PEMBROKE PINES, FL 33024	
2. Principal Place of Business 2001 S. Palm Ave Suite, Apt. #, etc. Box C City & State Miramar, FL Zip 33025 Country U.S.A.		3. Mailing Address 2606 SW 3rd St Suite, Apt. #, etc. #102 City & State Pembroke Pines, FL Zip 33025 Country USA	
4. FEI Number 03-0439125		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 LOONAM, BRIAN 1110 NW 76 TERRACE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name Loonam, Brian Street Address (P.O. Box Number is Not Acceptable) 2606 SW 3rd St #102 City Pembroke Pines FL Zip Code 33025	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	D LOONAM, BRIAN 1110 NW 76 TERRACE PEMBROKE PINES, FL 33024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Loonam, Brian 2606 SW 3rd St #102 Pembroke Pines, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOONAM, THOMAS 1110 NW 76 TERRACE PEMBROKE PINES, FL 33024	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
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)(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.			
SIGNATURE:		Brian Loonam 26564 9544306623	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	