

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 014 ***150.00

DOCUMENT # P02000045971

1. Entity Name
PEMBROKE PINES GLASS, INC.



Principal Place of Business

**2001 S PALM AVE.
BAY C
HOLLYWOOD, FL 33025**

Mailing Address

**8606 SW 3RD ST.
#102
HOLLYWOOD, FL 33025**

20012037



2. Principal Place of Business

**2001 S PALM AVE
BAY C**

3. Mailing Address

**8606 S.W. 3 ST.
#102**

02042005

Chg-P

CR2E034 (10/03)

City & State

**MIRAMAR FL
33025 USA**

City & State

**PEMBROKE PINES
33025 USA**

4. FEI Number

03-0439125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOONAM, BRIAN
8606 SW 3 ST.
#102
HOLLYWOOD, FL 33025**

7. Name and Address of New Registered Agent

Name **BRIAN LOONAM**
Street Address (P.O. Box Number is Not Acceptable) **8606 S.W. 3 STREET #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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOONAM, BRIAN	
STREET ADDRESS	8606 SW 3RD ST., #102	
CITY-ST-ZIP	HOLLYWOOD, FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOONAM, THOMAS	
STREET ADDRESS	1110 NW 76 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN LOONAM	
STREET ADDRESS	8606 S.W. 3 ST. #102	
CITY-ST-ZIP	PEMBROKE PINES, FL 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/05 954450623