

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000110786

1. Entity Name
PICHARDO GLASS & MIRROR, INC.



Principal Place of Business
738 SW 97 CT CIR
MIAMI, FL 33174

Mailing Address
738 SW 97 CT CIR
MIAMI, FL 33174



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0801206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

RUIZ, ROBERTO F
738 SW 97 CT CIR
MIAMI, FL 33174

**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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

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

U00000617363
02/08/07-80010-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUIZ, ROBERTO F
STREET ADDRESS	738 SW 97 CT CIR
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

ROBERTO F. RUIZ

1/30/07

786 325 1649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #