2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90327 029 ***150.00 **DOCUMENT # P03000110965** 1. Entity Name ON TIME GLASS AND MIRROR INC. Principal Place of Business Mailing Address 1575 NW 30 AVE 1575 NW 30 AVE MIAMI, FL 33125 MIAMI, FL 33125 CR2E034 (11/05) 04022008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0486762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, ROBERTO DO NOT WRITE 1575 NW 30 AVE IN THIS SPACE MIAMI, FL 33125 8. The above named entity suppose 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 register SIGNATURE 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 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOPEZ, ROBERTO NAME STREET ADDRESS 1575 NW 30 AVE MIAMI, FL 33125 CITY-ST-ZIP TITI F NAME LOPEZ, ANAISA M 1575 NW 30 AVE STREET ADDRESS MIAMI, FL 33125 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - 21P IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 419. 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 oddress with all other like empowered.

SIGNATURE:

CITY+ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #