2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM DOCUMENT # P03000129384 **Secretary of State** 1. Entity Name GOVEA GLASS AND MIRROR, CORP. Mailing Address Principal Place of Business 13210 S.W. 55TH ST. 13210 S.W. 55TH ST. MIAMI, FL 33175 MIAMI, FL 33175 01302007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0386340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOVEA, SERGIO DO NOT WRITE 13210 S.W. 55TH ST. MIAMI, FL 33175 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000617640 9. Election Campaign Financing \$5.00 May Be 02/07/07-80082-024 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE GOVEA, SERGIO NAME STREET ADDRESS 13210 S.W. 55TH ST. CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 eath; 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 with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-SI-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #