

2005 FOR PROFIT CORPORATION ANNUAL REPORT

112

FILED

05 SEP 27 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08122005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000026780 1. Entity Name WEEHAWKEN GLASS & MIRROR, INC.					
Principal Place of Business 7541 THUNDERHEAD STREET ZEPHYRHILLS, FL 33544			Mailing Address 7541 THUNDERHEAD STREET ZEPHYRHILLS, FL 33544		
2. Principal Place of Business 2306 S. 58th St. Suite, Apt. #, etc.		3. Mailing Address 2306 S. 58th St. Suite, Apt. #, etc.			
City & State Tampa FL Zip 33619 Country US		City & State Tampa FLA. Zip 33619 Country US		4. FEI Number 20-0730039	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAPIA, JAIRO 7541 THUNDERHEAD STREET ZEPHYRHILLS, FL 33544			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST TAPIA, JAIRO 7541 THUNDERHEAD STREET ZEPHYRHILLS, FL 33544		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060087224 09/29/05--01062--013 **\$150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosita TAPIA 2306 S. 58th St TAMPA FL 33619 <input type="checkbox"/> Change <input checked="" 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		

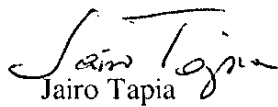
2/2

07/12/2005

Dear Sir/Madam:

I have been told that i need to pay \$150.00 a year to keep my company open. I was not aware of that nor I recieved a letter from your department stating so. I am sending the \$ 150.00 dollars, I ~~have~~ got to keep my company open. My corporation number is P04000026780 Weehawken Glas & Mirrors, Inc.

Thank You


Jairo Tapia