

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90108 026 \*\*\*150.00

**DOCUMENT #** P04000052416

**1. Entity Name**  
GLASS & MIRRORS SERVICES, INC



**Principal Place of Business**  
12000 BISCAYNE BLVD  
SUITE 507  
MIAMI, FL 33138

**Mailing Address**  
12000 BISCAYNE BLVD  
SUITE 507  
MIAMI, FL 33138

50002573



**2. Principal Place of Business**  
9999 NE 2ND AVE  
Suite, Apt. #, etc. 218

**3. Mailing Address**  
Suite, Apt. #, etc.

04102008 Chg-P CR2E034 (12/06)

**City & State**  
MIAMI SHORES FL

**City & State**

**Zip** 33138 **Country** USA

**4. FEI Number**  
90-0161026

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
CHIARATO  
12000 BISCAYNE BLVD  
SUITE 507  
MIAMI, FL 33138

**7. Name and Address of New Registered Agent**  
Name CHIARATO UGO  
Street Address (P.O. Box Number is Not Acceptable)  
9999 NE 2ND AVE - STE 218  
City MIAMI SHORES FL Zip Code 33138

**8. The above information is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligation to maintain the accuracy of the information furnished.**

**SIGNATURE** *[Signature]* **DATE** 04/10/2008

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**FILE FILING FEE IS \$150.00**  
**After May 1, 2008, the fee will be \$550.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**12. I hereby certify that the information furnished in this 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; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered.**

**SIGNATURE** *[Signature]* **DATE** 04/10/2008 **DAYTIME PHONE #** (305) 899.5092