## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 02, 2005 8:00 am Secretary of State

| 1. Entity Name L & M MIRRORS, INC.                                                                                                                                                                                            |                                  |                                                             |                                                                                                                                    |                           |               |                                                    |                                             | 06-02-20                      | 05 90002        | 922 ***15                  | 50.00                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------|----------------------------------------------------|---------------------------------------------|-------------------------------|-----------------|----------------------------|---------------------------|--|
| Principal Place of Business Mailing Address                                                                                                                                                                                   |                                  |                                                             |                                                                                                                                    |                           |               |                                                    |                                             |                               |                 |                            |                           |  |
| 110 ROYAL PARK DR #1-B<br>FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309                                                                                                                                                     |                                  |                                                             |                                                                                                                                    |                           |               |                                                    | 50053229                                    |                               |                 |                            |                           |  |
| 2. Principal Place of Business  114 ROYAL PARK DIVE 114 ROYAL PARK                                                                                                                                                            |                                  |                                                             |                                                                                                                                    |                           |               | <u> </u>                                           |                                             |                               |                 |                            |                           |  |
| Suite, Apt.                                                                                                                                                                                                                   | #, etc.                          | 5/X /2.((VP                                                 | Suite, Apt. #, etc.                                                                                                                |                           |               |                                                    | 05272005                                    | Chg-P                         | CR2E0           | 34 (10/03)                 |                           |  |
| City & State                                                                                                                                                                                                                  |                                  | ALE, FL                                                     | FT. LAUDREDALE, FL                                                                                                                 |                           |               |                                                    | 4. FEI Numb                                 | 20-136                        | 51922           |                            | plied For<br>t Applicable |  |
|                                                                                                                                                                                                                               |                                  | Country USA                                                 | Zip 33309                                                                                                                          | Countr                    |               |                                                    | 5. Certificate                              | of Status Desired             | · □             | \$8.75 Add<br>Fee Required | itional                   |  |
|                                                                                                                                                                                                                               | 6. Name                          | and Address of Current                                      | Registered Agent                                                                                                                   | istered Agent             |               |                                                    | 7. Name and Address of New Registered Agent |                               |                 |                            |                           |  |
| NOFIL, JOSEPH K PA<br>3284 N STATE ROAD 7<br>LAUDERDALE LAKES, FL 33319                                                                                                                                                       |                                  |                                                             |                                                                                                                                    |                           |               | Street Address (P.O. Box Number is Not Acceptable) |                                             |                               |                 |                            |                           |  |
|                                                                                                                                                                                                                               |                                  |                                                             |                                                                                                                                    | ŀ                         | 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                                                                                                                                                                                                                     |                                  |                                                             |                                                                                                                                    |                           |               |                                                    |                                             |                               |                 |                            |                           |  |
| FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Finan Trust Fund Contribution.                                                                                                                    |                                  |                                                             |                                                                                                                                    |                           |               | <b>\$5.</b><br>Adde                                | 00 May Be<br>ed to Fees                     | In accordanc<br>corporation d |                 |                            |                           |  |
| 10.                                                                                                                                                                                                                           |                                  | OFFICERS AND                                                | DIRECTORS                                                                                                                          | 11.                       |               |                                                    | ADDITIONS                                   | CHANGES TO C                  | FFICERS AND     | DIRECTORS                  | 3 IN 11                   |  |
| NAME STREET ADDRESS                                                                                                                                                                                                           | l                                | AL PARK DR #1-B                                             | ☐ Delete                                                                                                                           |                           |               | 114                                                | ROYA                                        | L PARK<br>KRAJLE              | . Delue         | Darchange<br>L ≠ 1         | □ Addition<br>-8          |  |
| CITY-ST-ZIP                                                                                                                                                                                                                   | F1 LAUD                          | ERDALE, FL 33309                                            | ☐ Delete                                                                                                                           | TITLE                     |               | <u> </u>                                           | LAUD                                        | MBALE,                        | FL              |                            | Addition                  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                         |                                  |                                                             | i beate                                                                                                                            | name<br>Stree             |               |                                                    |                                             |                               |                 | Change                     |                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                  |                                                             | ☐ Delețe                                                                                                                           |                           |               | -                                                  |                                             |                               | - <del>-</del>  | ☐ Change                   | Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                  |                                                             | ☐ Delete                                                                                                                           |                           |               |                                                    |                                             |                               | ,               | ☐ Change                   | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                  |                                                             | ☐ Delete                                                                                                                           | 1                         |               |                                                    |                                             |                               |                 | Change                     | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                         |                                  |                                                             | ☐ Delete                                                                                                                           |                           |               |                                                    |                                             |                               |                 | ☐ Change                   | ☐ Addition                |  |
| indicated<br>of the cor                                                                                                                                                                                                       | l on this repo<br>rooration or t | irt or supplemental report is<br>he receiver or trustee emp | this filing does not qualify to<br>true and accurate and that in<br>owered to execute this report<br>with all other like empowered | my signati<br>t as requir | ura chall has | va ina i                                           | ame lenal ette                              | nana an ing                   | er cam: mar i : | am an oiticer              | or airector i             |  |

ATTACHMENT SOOS3229

L & M Mirrors, Inc. 114 Royal Park Drive, No. 1-B Fort Lauderdale, FL 33309

May 27<sup>th</sup>, 2005

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302

Re: P04000102694

Dear Officer:

Please be advised that we did not received the renewal notice for 2005. We are now submitting the UBR 2005, along with a check for \$150 due in order to renew the corporation for this year. Please waive all the penalties due to the fact that we did not receive the renewal notice, and update your files accordingly.

Please contact us if you need any additional information.

Sincerely,

Ruis Martinez

Luis Martinez President