
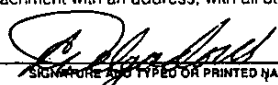


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90308 010 ***150.00

DOCUMENT # P04000121659 1. Entity Name DELGADO BROTHERS GLASS & MIRROR CORP					
Principal Place of Business 9520 LISA RD MIAMI, FL 33157			Mailing Address 9520 LISA RD MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1528269	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DELGADO, CARLOS R 9520 LISA RD MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DELGADO, CARLOS R 9520 LISA RD MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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: 			01-08/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

ATTACHMENT
Employer's Annual Federal Unemployment (FUTA) Tax Return

OMB No. 1545-0028

2004

BV 20-1528269 ▶ See the separate instructions for Form 940 for information on completing this form.

50043772

If incorrect, make any necessary changes.

DEC2004 S29 B
26-1614-128-****AUTO**5-DIGIT 33157
DELGADO BROTHERS GLASS & MIRROR
CORP
9520 LISA RD
MIAMI, FL 33157-8736

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FP	
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- A** Are you required to pay unemployment contributions to only one state? (If "No," skip questions B and C.) ☐ Yes ☐ No
- B** Did you pay all state unemployment contributions by January 31, 2005? (1) If you deposited your total FUTA tax when due, check "Yes" if you paid all state unemployment contributions by February 10, 2005. (2) If a 0% experience rate is granted, check "Yes." (3) If "No," skip question C.) ☐ Yes ☐ No
- C** Were all wages that were taxable for FUTA tax also taxable for your state's unemployment tax? ☐ Yes ☐ No
- D** Did you pay all wages in a state other than New York? ☐ Yes ☐ No
- If you answered "No" to any of these questions, you must file Form 940. If you answered "Yes" to all the questions, you may file Form 940-EZ, which is a simplified version of Form 940. (Successor employers, see Special credit for successor employers in the separate instructions.) You can get Form 940-EZ by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS website at www.irs.gov.

If you will not have to file returns in the future, check here (see Who Must File in the separate instructions) and complete and sign the return ☐

If this is an Amended Return, check here (see Amended Returns in the separate instructions) ☐

Part I Computation of Taxable Wages

1	Total payments (including payments shown on lines 2 and 3) during the calendar year for services of employees	1	
2	Exempt payments. (Explain all exempt payments, attaching additional sheets if necessary.) ▶	2	
3	Payments of more than \$7,000 for services. Enter only amounts over the first \$7,000 paid to each employee (see separate instructions). Do not include any exempt payments from line 2. The \$7,000 amount is the federal wage base. Your state wage base may be different. Do not use your state wage limitation	3	
4	Add lines 2 and 3	4	
5	Total taxable wages (subtract line 4 from line 1) ▶	5	
6	Additional tax resulting from credit reduction for unrepaid advances to the State of New York. Enter the wages included on line 5 for New York and multiply by .003. (See the separate Instructions for Form 940.) Enter the credit reduction amount here and in Part II, line 5: New York wages _____ x .003 =	6	

Be sure to complete both sides of this form, and sign in the space provided on the back.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

▼ DETACH HERE ▼

Cat. No. 112340

Form **940** (2004)



Department of the Treasury
Internal Revenue Service

OMB No. 1545-0028

2004

Form 940-V Payment Voucher

- ▶ Use this voucher when making a payment with Form 940.
- ▶ Do not staple this voucher or your payment to Form 940.
- ▶ Make your check or money order payable to the "United States Treasury."
- ▶ Write your employer identification number (EIN) on your check or money order.

Enter the amount
of your payment ▶

Dollars

Cents



BV 20-1528269

DELGADO BROTHERS GLASS & MIRROR
CORP
9520 LISA RD
MIAMI, FL 33157-8736

INTERNAL REVENUE SERVICE
PO BOX 660095
DALLAS TX 75266-0095

201528269 BV DELG 10 2 200412 610

Name Employer identification number (EIN) **Part II Tax Due or Refund**

1	Gross FUTA tax. (Multiply the wages from Part I, line 5, by .062)	1						
2	Maximum credit. (Multiply the wages from Part I, line 5, by .054)	2						
3 Computation of tentative credit (Note: All taxpayers must complete the applicable columns.)								
(a) Name of state	(b) State reporting number(s) as shown on employer's state contribution returns	(c) Taxable payroll (as defined in state act)	(d) State experience rate period	(e) State ex- perience rate	(f) Contributions if rate had been 5.4% (col. (c) x .054)	(g) Contributions payable at experience rate (col. (c) x col. (e))	(h) Additional credit (col. (f) minus col. (g)) If 0 or less, enter -0-	(i) Contributions paid to state by 940 due date
			From	To				
3a Totals								
3b Total tentative credit (add line 3a, columns (h) and (i) only—for late payments, also see the instructions for Part II, line 4)							3b	
4 Credit: Enter the smaller of the amount from Part II, line 2 or line 3b, or the amount from the worksheet on page 7 of the separate instructions							4	
5 Enter the amount from Part I, line 6							5	
6 Credit allowable (subtract line 5 from line 4). If zero or less, enter "-0-"							6	
7 Total FUTA tax (subtract line 6 from line 1). If the result is over \$100, also complete Part III							7	
8 Total FUTA tax deposited for the year, including any overpayment applied from a prior year							8	
9 Balance due (subtract line 8 from line 7). Pay to the "United States Treasury." If you owe more than \$100, see Depositing FUTA Tax on page 3 of the separate instructions							9	
10 Overpayment (subtract line 7 from line 8). Check if it is to be: <input type="checkbox"/> Applied to next return or <input type="checkbox"/> Refunded							10	

Part III Record of Quarterly Federal Unemployment Tax Liability (Do not include state liability.) **Complete only if line 7 is over \$100.** See page 7 of the separate instructions.

Quarter	First (Jan. 1–Mar. 31)	Second (Apr. 1–June 30)	Third (July 1–Sept. 30)	Fourth (Oct. 1–Dec. 31)	Total for year
Liability for quarter					

Third-Party Designee Do you want to allow another person to discuss this return with the IRS (see separate instructions)? ☐ **Yes.** Complete the following. ☐ **No**
 Designee's name Phone no. ()
 Personal identification number (PIN) ()

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees.

Signature Title (Owner, etc.) Date



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