


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90020 033 ***150.00

| | |
|---|---|
| DOCUMENT # P06000038004 |  |
| 1. Entity Name L H GLASS & GLAZING SERVICES, INC. | |

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|--|--|
| Principal Place of Business 550 SW 115TH AVENUE APT- G08 MIAMI, FL 33174 | Mailing Address 550 SW 115TH AVENUE APT- G08 MIAMI, FL 33174 |
|--|--|



02122008 Chg-P CR2E034 (12/06)

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|---|---|
| 2. Principal Place of Business - No P.O. Box # 14480 SW 51 Street | 3. Mailing Address 14480 SW 51 Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|----------------------------------|
| City & State Miami, FL | City & State Miami, FL |
|----------------------------------|----------------------------------|

| | | | |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip 33175 | Country USA | Zip 33175 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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|------------------------------------|--|
| 4. FEI Number 20-4502993 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| HERNANDEZ, LUIS A- 550 SW 115TH AVENUE APT- G08 MIAMI, FL 33174 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) 14480 SW 51 Street | |
| City Miami | FL Zip Code 33175 |

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)

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PRES HERNANDEZ, LUIS A 550 SW 115TH AVENUE APT- G08 MIAMI, FL 33174 |
| 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"/> Delete |
| 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"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14480 SW 51 St Miami, FL 33175 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #