


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90072 013 ***150.00

DOCUMENT # P06000048708 1. Entity Name NAPLES MIRRORS & GLASS, INC.					
Principal Place of Business 1320 RAIL HEAD BLVD. SUITE 8 & 9 NAPLES, FL 34110			Mailing Address 1320 RAIL HEAD BLVD. SUITE 8 & 9 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # 1320 Rail Head Blvd		3. Mailing Address 1320 Rail Head Blvd			
Suite, Apt. #, etc. 8 & 9		Suite, Apt. #, etc. 8 & 9			
City & State Naples, FL		City & State Naples, FL			
Zip 34110		Country US		4. FEI Number 030894798	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PAGAN, TIFFANY 1320 RAIL HEAD BLVD. SUITE 8 & 9 NAPLES, FL 34110				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Tiffany Pagan</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>5-2-07</u>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	VD GARCIA, CAMILA E 5501 N. RICHARDSON RD SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUEROA, FRANCISCO J 5501 N. RICHARDSON RD SARASOTA, FL 34232	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGAN, TIFFANY 1320 RAIL HEAD BLVD., SUITE 8-9 NAPLES, FL 34110	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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: <u><i>Tiffany Pagan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>5-2-07</u> Daytime Phone # <u>239-597-9476</u>		