## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

BIGHATURE AND TYPED OR PROFIED NAME OF

## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P06000070589** 1. Entity Name NU-TECH GLASS AND MIRROR CORP. 27 APR 18 PM 12: 08 Principal Place of Business Mailing Address 13063 S.W. 150 TERR 13063 S.W. 150 TERR MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) Chg-P 4. FEI Number 20 - 4899/3 Applied For City & State City & State Not Applicable Country Country Ζip \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIQUEZ, CARLOS L Street Address (P.O. Box Number is Not Acceptable) 13063 S.W. 150 TERR MIAMI, FL 33186 City 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 Signetere, typed or prints (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change ☐ Delete TITLE TITLE RODRIQUEZ, CARLOS L NAME NAME STREET ADDRESS 13063 S.W. 150 TERR STREET ADDRESS. MIAMI, FL 33186 CITY-ST-7IP CITY-ST-ZIP VP - ALEXIS PABLO YEREZ Change Addition . ☐ Defete TITLE TITLE 25915: SW 123 AVE HOHESTEAD, FI 33032 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE 700097956607 04/23/07--01016--007 \*\*150.00 MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 1ITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this fitting 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 written an address, with all other like empowered. SIGNATURE:

IG OFFICER OR DIRECTOR

Daytma Phone #