
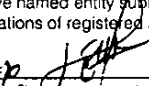
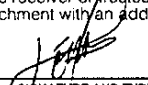


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2007 90010 008 ***150.00

DOCUMENT # P06000134680 1. Entity Name LUIS HERRERA GLASS & ENCLOSURES, INC.			
Principal Place of Business 740 NW 32ND COURT MIAMI, FL 33125		Mailing Address 740 NW 32ND COURT MIAMI, FL 33125	
2. Principal Place of Business - No P.O. Box # 13331 SW 9th Place Suite, Apt. #, etc.		3. Mailing Address 13331 SW 9th Pl Suite, Apt. #, etc.	
City & State Davie, Florida		City & State Davie, Florida	
Zip 33325	Country U.S.A.	Zip 33325	Country U.S.A.
4. FEI Number 20-5791283		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 HERRERA, JOSE L 740 NW 32ND COURT MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Jose L. Herrera Street Address (P.O. Box Number is Not Acceptable) 13331 SW 9th Place City & State Davie FL 33325	
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 		DATE 03/3/07	
Signature is, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD HERRERA, JOSE L 740 NW 32ND COURT MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Herrera Jose L 13331 SW 9th Place Davie, FL 33325
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 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: 		DATE 03/3/07 (786) 412-0230	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	