2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # P07000119788						04-17-2008 90031 046 ***150.00					
1. Entity Name RIVER GLASS & MIRROR, INC.											
	,		•								
Principal Plac	e of Busines:		Mailing Address			-					
6020 NW 6		-	303 NW 43 AVE.		!						
MIAMI, FL 33127			MIAMI, FL 33126								
2. Principal F	Place of Busin	ness - No P.O. Box#	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034	(12/06)		
City & State			City & State	City & State		4. FEI Number	66 1738		\rightarrow	plied For at Applicable	
Zip		Country	Zip	Zip Coun		5. Certificate of	of Status Desired		3.75 Add e Required		
	6. Name	and Address of Curre	nt Registered Agent	Registered Agent			7. Name and Address of New Registered Agent				
DISTONE	LIBSC				Name						
PISTONE, LUIS C 303 NW 43 AVE. MIAMI, FL 33126					Street Address (I	P.O. Box Numbe	r is Not Acceptable)		Figure 1	
, , , , ,			·								
				City			1	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.											
1. 6 7 hue to 174. 9862, 04/14/08											
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered age, and title if applicable. (NOTE: Registered Agent signature required when reinstating) ATE										
FIL After M	E NOW!!!	FEE IS \$150.00 8 Fee will be \$55	9. Election Campa			.00 May Be led to Fees -			_		
10.			ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DI	RECTOR	S IN 11	
TITLE	PSTD		☐ Delete			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5111110EC . C C	_] Change	☐ Addition	
NAME STREET ADDRESS	PISTONE 303 NW 4	•		NAM							
CITY-ST-ZIP	MIAMI, FL			1	EET ADDRESS (-ST-ZIP						
TITLE			☐ Delete	TITL	E				Change	☐ Addition	
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TITLE	<u> </u>		☐ Delete	TITL					Change	Addition	
NAME			_	NAM	4E				-	_	
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS 7-ST-ZIP					•	
TITLE			☐ Delete	TITL] Change	☐ Addition	
NAME				NAM	4E	••			-	_	
STREET ADDRESS' CITY-ST-ZIP					EET ADDRESS (-ST-ZIP				•		
12. Thereby	t certify that th	e information supplied v	with this filing does not qualify for is true and accurate and that mpowered to expedite this report			in Chapter 119.	Florida Statutes.	further certify	that the in	nformation	