

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 10, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P96000001204**

1. Entity Name

A CAPTAIN GLASS & MIRROR II INC



Principal Place of Business

2380 SW 34TH ST

FORT LAUDERDALE, FL 33312

Mailing Address

2380 SW 34TH ST

FORT LAUDERDALE, FL 33312



01062006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0630404

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAXBY, JACK

2380 SW 34TH ST

FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME

D

HAXBY, JACK

STREET ADDRESS

2380 SW 34TH ST

CITY-ST-ZIP

FORT LAUDERDALE, FL 33312

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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000000381890  
01/11/06-80065-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-1-6-06 954-791-3830