## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## May 02, 2005 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P97000029609 1. Entity Name PALM GLASS AND MIRROR, INC. Principal Place of Business Mailing Address 7535 GARDEN RD 7535 GARDEN RD STE. 28 STE. 28 RIVIERA BEACH, FL 33404 RIVIERA BEACH, FL 33404 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0738919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MICHAEL, BENINDA DO NOT WRITE 5550 LAKE SHORT VALLEY CIRCLE LAKE WORTH, FL 33463 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 registe 0 nted name of registered átjern and îtile it applicable (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 -- OFFICERS AND DIRECTORS 10. TITLE SCIABARRASI, PHILIP L NAME 17770 113 TERR U00000035510S STREET ADDRESS. 05/03/05-80I33-018 150.00 CITY-ST-ZIP JUPITER FARMS, FL 33478 TITLE NAME BENINDA, MICHAEL STREET ADDRESS 5550 LAKESHORE VILLAGE CIR. LAKE WORTH, FL 33463 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or trustee enjoywered 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 appropriate like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytimé Phone #