## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 20, 2007 8:00 am Secretary of State DOCUMENT # P99000050878 1. Entity Name 02-20-2007 90057 029 \*\*\*150.00 GLASS & MIRROR INC. Principal Place of Business Mailing Address 11550 WILES RD. 11550 WILES RD. #2 CORAL SPRINGS FL 33076 CORAL SPRINGS FL 33076 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 65-0921956 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SERĪNO, JOHN V Street Address (P.O. Box Number is Not Acceptable) 4102 N W 73RD WAY CORAL SPRINGS FL 33065 8. The above named entity submits this statement for the purpose of change fübe or registered agent, or both, in the State of Florida. I am familiar with, and accept s regis**te**red o the obligations of registered agent. SIGNATURE Registered Agent signalure required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete MU Change ☐ Addition 11111 SERINO, JOHN JOHN V. SERIND NAME NAM 4002 NW 73RD WAY 7525 NUV 75 DA. PARKLAND, 52.33067 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33065 CITY ST-7IP CITY ST-7IP Detete Addition HHE NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP BH ☐ Dalata ritir Change 🗆 -□ Addi vi NAME NAM STREET LADDRESS STREET ADDRESS CITY+ST-ZIP CHY SI ZIP Delete Addition NAMI NAM STREET ADDRESS STREET ADDRESS CUY-S1-7IP CITY ST ZIP ☐ Defete THE ☐ Change Addition STRUCT ADDRESS STREET ADDRESS CHY-ST-7IP CHY SI-7IP HITTE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute his 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.

**FILED** 

Daytime Phone #