


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S19316</b> 1. Entity Name <b>PENA-ALUM GLASS &amp; MIRROR, INC.</b>	
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Principal Place of Business <b>7831 NW 15 ST MIAMI, FL 33126 US</b>	Mailing Address <b>7831 NW 15 ST MIAMI, FL 33126 US</b>
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**DO NOT WRITE IN THIS SPACE**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0231199</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PENA, PETER A. 7831 NW 15 ST MIAMI, FL 33126</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, PETER A. 12262 SW 75 TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, ROBERT 16418 SW 67 TERRACE MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PENA, LORRAINE M 12262 SW 75 TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, LYNN M 12262 SW 75 TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENA, PETER A 12262 SW 75 TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/27/04-80028-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <b>4/20/04</b>	Daytime Phone # <b>(305) 640-1178</b>
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