

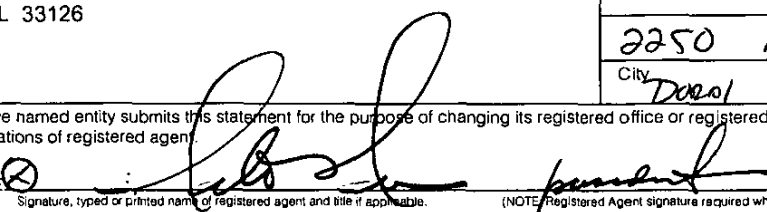
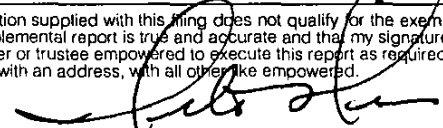


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90159 002 ***150.00

DOCUMENT # S19316 1. Entity Name PENA-ALUM GLASS & MIRROR, INC.					
Principal Place of Business 7831 NW 15 ST MIAMI, FL 33126 US			Mailing Address 7831 NW 15 ST MIAMI, FL 33126 US		
2. Principal Place of Business 2250 NW 95 AVE Suite, Apt. #, etc.		3. Mailing Address 2250 NW 95 AVE Suite, Apt. #, etc.		40065097 	
City & State DORAL, FL		City & State DORAL, FL		4. FEI Number 65-0231199	
Zip 33172		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PENA, PETER A. 7831 NW 15 ST MIAMI, FL 33126				7. Name and Address of New Registered Agent Name <u>PETER PEÑA</u> Street Address (P.O. Box Number is Not Acceptable) 2250 NW 95 AVE City <u>DORAL</u> FL Zip Code <u>33172</u>	
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  DATE <u>4/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, PETER A. 12262 SW 75 TERRACE MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, ROBERT 16418 SW 67 TERRACE MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP PENA, LORRAINE M 12262 SW 75 TERRACE MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PENA, LYNN M 12262 SW 75 TERRACE MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENA, PETER A 12262 SW 75 TERRACE MIAMI, FL 33183	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.					
SIGNATURE:  <u>4/24/06</u> <u>786-367-4348</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					