

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90068 004 ***150.00

DOCUMENT # S24627

1. Entity Name
INSTANT GLASS AND MIRROR INC.



Principal Place of Business

**781 WEST 25TH ST
HIALEAH, FL 33010**

Mailing Address

**781 WEST 25TH ST
HIALEAH, FL 33010**

20006598



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0237082

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SABUGO, MAURO V.
964 WEST FLAGLER ST.
MIAMI, FL 33130**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SABUGO, MAURO V.
STREET ADDRESS	8931 S.W. 34TH ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	PEREZ, HECTOR R.
STREET ADDRESS	2990 S.W. 103RD AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	GOMEZ, CLARITA
STREET ADDRESS	2751 SW 27 ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	T
NAME	MILIAN, TABY
STREET ADDRESS	2751 SW 27 ST
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #