


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90033 029 \*\*\*150.00

<b>DOCUMENT # V63328</b>	
1. Entity Name <b>CONSTRUCTION GLASS INDUSTRIES CORPORATION</b>	

Principal Place of Business <b>7840 NW 62 STREET MIAMI, FL 33166 US</b>	Mailing Address <b>7840 NW 62 STREET ATTN: FLAVIO QUESADA MIAMI, FL 33166 US</b>
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2. Principal Place of Business <b>10100 NW 25TH STREET</b>	3. Mailing Address <b>10100 NW 25TH STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DORAL, FL</b>	City & State <b>DORAL, FL</b>
Zip <b>33172</b>	Zip <b>33172</b>
Country	Country



01262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0355633</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>QUESADA, FLAVIO C/O MARVIN I. WIENER 2121 PONCE DE LEON BLVD STE 900 CORAL GABLES, FL 33134</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> Zip Code	

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 _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P QUESADA, FLAVIO 7840 NW 62 STREET MIAMI, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10100 N.W 25TH STREET DORAL, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS GARCIA, EMILIO R 7840 NW 62 STREET MIAMI, FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10100 NW 25TH STREET DORAL, FL 33172</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 to an address, with all other like empowered.	
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<b>SIGNATURE:</b>  <b>FLAVIO QUESADA</b>	<b>2/7/06</b>	<b>305.593.6590</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #