
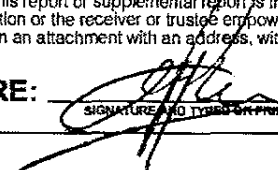


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V69278		
1. Entity Name M & J MIRRORS AND GLASS, INC.		
Principal Place of Business 2626 NE 188TH ST MIAMI, FL 33180 US		Mailing Address 2626 NE 188TH ST MIAMI, FL 33180 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RIVERA, JOSE 2626 NE 188 STREET MIAMI BEACH, FL 33180		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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE	VPDT	DO NOT WRITE IN THIS SPACE
NAME	RIVERA, JOSE	
STREET ADDRESS	12717 SW 44 STREET	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE	PDT	
NAME	RIVERA, MANUEL	
STREET ADDRESS	15865 SW 26 ST	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		2/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0361467

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

1100000441353
11/03/06-80028-022 150.00