

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #V69278 1. Entity Name M & J MIRRORS AND GLASS, INC.						FILED 07 SEP 28 PM 4:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA																						
Principal Place of Business 20406 NE 15TH CT MIAMI, FL 33179 US				Mailing Address 20406 NE 15TH CT MIAMI, FL 33179 US																								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																								
Suite, Apt. #, etc.				Suite, Apt. #, etc.																								
City & State				City & State																								
Zip		Country		Zip		Country																						
6. Name and Address of Current Registered Agent RIVERA, JOSE 2626 NE 188 STREET MIAMI BEACH, FL 33180				7. Name and Address of New Registered Agent Name Rivera Manuel Street Address (P.O. Box Number is Not Acceptable) 20406 NE 15 CT City miami FL Zip Code 33179																								
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 Manuel Rivera Pdt 09-26-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																												
Amended AR is \$61.25				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																								
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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: Manuel Rivera 09-26-07 3056519559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																												