

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S19316

**Entity Name:** PENA-ALUM GLASS & MIRROR, INC.**Current Principal Place of Business:**2250 NW 95 AVE  
DORAL, FL 33172**Current Mailing Address:**2250 NW 95 AVE  
DORAL, FL 33172 US**FEI Number:** 65-0231199**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENA, PETER  
2250 NW 95 AVE  
MIAMI, FL 33172 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	PENA, PETER A.
Address	12262 SW 75 TERRACE
City-State-Zip:	MIAMI FL 33183

Title	SVP
Name	PENA, LORRAINE M
Address	12262 SW 75 TERRACE
City-State-Zip:	MIAMI FL 33183

Title	T
Name	PENA, PETER A
Address	12262 SW 75 TERRACE
City-State-Zip:	MIAMI FL 33183

Title	VP
Name	PENA, ROBERT
Address	16418 SW 67 TERRACE
City-State-Zip:	MIAMI FL 33193

Title	VP
Name	PENA, LYNN M
Address	11446 SW 86 LANE
City-State-Zip:	MIAMI FL 33173

Title	VP
Name	PENA ALVAREZ, LISA MARIE
Address	7710 S.W. 135 AVENUE
City-State-Zip:	MIAMI FL 33183

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LORRAINE M. PENA**02/21/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date