

**2017 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 VP  
Name PENA, ROBERT  
Address 16418 SW 67 TERRACE  
City-State-Zip: MIAMI FL 33193

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

Title VP  
Name PENA, LYNN 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

*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

**SECRETARY**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date