

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000049719

FILED
Apr 01, 2005
Secretary of State

Entity Name: PERFECT AUTO GLASS, INC.

Current Principal Place of Business:

9900 STERLING RD
COOPER CITY, FL 33024

New Principal Place of Business:

400 LESLIE RD
#910
HALLANDALE, FL 33009 US

Current Mailing Address:

400 LESLIE DRIVE # 910
HALLANDALE, FL 33009

New Mailing Address:

400 LESLIE DRIVE # 910
HALLANDALE, FL 33009 US

FEI Number: 65-0924166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABOCK, ARNON
400 LESLIE DRIVE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LABOCK, AARON
Address: 400 LESLIE DRIVE # 910
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LABOCK, ARNON
Address: 400 LESLIE DRIVE # 910
City-St-Zip: HALLANDALE, FL 33009 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ARNON LABOCK

P

04/01/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date