2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/10/2004-90007-028-$550.00-$550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -4 AM 8:00

DOCUMENT # S31942

1. Entity Name

DIVERSIFIED FIBERGLASS PRODUCTS CORP.

Principal Place of Business	Mailing Address
~~4300 E 11TH AVE~~ HIALEH FL 33013	~~4300 E 11TH AVE HIALEH FL 33013~~

2. Principal Place of Business	3. Mailing Address
4265 E 11 AVE #2	P.O. BOX 566031
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: MIAMI FL
Zip: 33013 Country: DADE	Zip: 33256 Country: DADE

MOORE CR2E034 (4/04)

4. FEI Number 65-0243875 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~PEREZ, LUIS R~~
~~4300 EAST 11 AVE.~~
~~HIALEAH FL 33013~~
P.O. BOX 566031
MIAMI FL 33256

7. Name and Address of New Registered Agent

Name: LUIS R PEREZ
Street Address (P.O. Box Number is Not Acceptable): 14249 SW 57 LAVE #2
City: MIAMI FL
FL Zip Code: 33183

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 [signature]

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

Field	Value	
TITLE	D	☒ Delete
NAME	PEREZ, LUIS R.	
STREET ADDRESS	~~2221 SW 140 TERRACE~~	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	PEREZ, LUIS R.	
STREET ADDRESS	P.O. BOX 566031	
CITY-ST-ZIP	MIAMI FL 33256	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Value	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] LUIS R PEREZ — Aug — 305-387-4961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #