## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50637

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Feb 22, 2006 Secretary of State

Entity Nar	ne: PLAZA AU	ITO GLASS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
6050 S DIX	ITO GLASS, INC (IE HWY. IAMI, FL 33143						
	ailing Address			New Maili	ng Address	:	
6050 S. DI	ITO GLASS INC XIE HWY IAMI, FL 33143						
FEI Number:	65-0260989	FEI Number Applied For	() FEI Nu	mber Not App	licable ( )	Certificate of Status D	esired()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PLAZA, W. 7465 S.W. MIAMI, FL	118 CT.						
	named entity su e of Florida.	ubmits this statement f	or the purpose o	of changing i	ts registered	office or registered ag	ent, or both,
SIGNATUF	RE:						
	Electronic	c Signature of Register	red Agent			Date	
Election Car	npaign Financing	Trust Fund Contribution (	( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ()[ PLAZA, WALTER 7465 SW 118 CT MIAMI, FL 33183	Γ		Title: Name: Address: City-St-Zip:	P PLAZA, WAL 7465 SW 118 MIAMI, FL 33	в ст	
Title: Name: Address: City-St-Zip:	D ()[ PLAZA, OFELIA I 7465 SW 118 CT MIAMI, FL 3318	Ī		Title: Name: Address: City-St-Zip:	VP PLAZA, OFEI 7465 SW 118 MIAMI, FL 33	в ст	
Title: Name:	1 ( )	Delete		Title: Name:	T TORRES, AL		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI, FL 33183

MIAMI, FL 33183

TORRES, ANA MARIA

7462 SW 120 AVENUE

( ) Change (X) Addition

SIGNATURE: WALTER J PLAZA P 02/22/2006