

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90338 040 ***150.00

DOCUMENT # 677599

1. Entity Name

ACTION GLASS, INC.



Principal Place of Business

4711 SW 75 AVE
SUITE 1701
MIAMI FL 33155
US

Mailing Address

4711 SW 75 AVE
SUITE 1701
MIAMI FL 33155
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO Box 160028

Suite, Apt. #, etc.

City & State
Miami FL

Zip
331160028

Country
USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2006005

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, IRA B., ESQUIRE
9100 SOUTH DADELAND BLVD
SUITE 1701
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-06

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BACKER, MICHAEL I
STREET ADDRESS 10502 SW 143RD CT
CITY-ST-ZIP MIAMI FL

TITLE DST ☐ Delete
NAME BACKER, MARTHA K
STREET ADDRESS 10502 SW 143RD CT
CITY-ST-ZIP MIAMI FL

TITLE VP ☒ Delete
NAME STRAMM, MICHAEL
STREET ADDRESS 7401 S.W. 82ND ST., #3081
CITY-ST-ZIP MIAMI FL

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

TITLE V.P. ☐ Change ☒ Addition
NAME DAVID BACKER
STREET ADDRESS 10502 SW 143 CT
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-06