
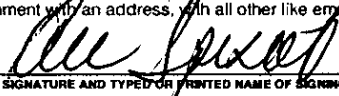


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90001 023 \*\*\*150.00

<b>DOCUMENT # F11174</b> 1. Entity Name <b>VETTE GLASS, INC</b>		
Principal Place of Business <b>2615 S.W. 2ND AVENUE FT. LAUDERDALE, FL 33315</b>	Mailing Address <b>2615 S.W. 2ND AVENUE FT. LAUDERDALE, FL 33315</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KALIS, NEAL R. 7320 GRIFFIN ROAD, SUITE 109 DAVIE, FL 33314</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPISAK, ALLEN 2616 SW 2ND AVE. FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>9-7-05</b> <b>9545258810</b> <small>Date Daytime Phone</small>



09072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2045125</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



ATTACHMENT

50066328  
#F11174

**CORVETTE CENTER**

2615 S.W. 2<sup>ND</sup> AVENUE  
FORT LAUDERDALE, FLORIDA 33315  
(954) 525-8810 • FAX (954) 523-9096  
E-mail: CorvettePartsMan@hotmail.com

To whom it may concern  
I Did NOT Recieve My Original  
Filing Report. 9-7-05

Regards RZ Spitz

Enclosed is copy Downloaded From  
Internet