2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F77025

1. Entity Name

A1A MOBILE AUTO GLASS, INC.



FILED Mar 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

P. O. BOX 4312

HOLLYWOOD, FL 33083 US

P. O. BOX 4312

DO NOT WRITE IN THIS SPACE

HOLLYWOOD, FL 33083 US



02152008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2150752

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, RAFAEL 5250 KING ARTHUR AVE DAVIE, FL 33331

DO NOT WRITE IN THIS SPACE

		!				
8. The above the obligat	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and fille	if applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PD ARTEAGA, RAFAEL 5250 KING ARTHUR AVE DAVIE, FL 33331	CTORS	-	U00000862437 04/03/08-80048-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			,			
TITLE NAME		,				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 chapted or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP

Was likely and typed or printing name of signing officer or dire

Rafael ARteag

J-78-08 954- 980. 868
Date Daytime Phone #