2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Secretary of Sta			
1. Entity Nan					\$	Secretary	of Sta
DUQUE	AUTO GLASS, INC.						
	ce of Business	Mailing Address	I				
% CARLOS [2610 NW 71	TH STREET	% CARLOS DUQUE 2610 NW 7TH STREET				,	
MIAMI, FL 3	3125	MIAMI, FL 33125				 	
<u> </u>				04232008	No Chg-P	CR2E034 (11/05	5)
	O NOT WRITE	IN THIS SPA	CE.	4. FEI Number			Applied For
				59-2329	of Status Desired	\$8.75 A	Not Applicable dditional
	6. Name and Address of Current Re	glatered Agent	9 2 4 1	Or Continued to	ST States Desired	Fee Requi	ired
DUQUE, C	CARLOS			DO.		Dite	
	7TH STREET		1	4.1	NOT W	a Property of the second	
				IN 1	HIS SP	ACE	
8. The above	named entity submits this statement for the	ne purpose of changing its registere	ed office or register	ed agent, or both	n. in the State of Flo	orida. Tam familiar wit	h, and accept
Ţ	lions of registered agent.						
SIGNATURE.							h
	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registered	d Agent signature required	when reinstating)		DATE	
	Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan	cing _ \$5.	00 May Be		DATE	
After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing _ \$5.	00 May Be	Sold and the second	DATE	
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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 he 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: ×

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

305-649-743