



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90418 027 ****50.00

DOCUMENT # L02000007126 1. Entity Name INTERAMERICAN GLAZING GROUP, L.C.					
Principal Place of Business C/O LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 33131			Mailing Address C/O LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 33131		
2. Principal Place of Business C/O Rozencwaig & Ferrero-Carr		3. Mailing Address C/O Rozencwaig & Ferrero-Carr		24044524 	
Suite, Apt. #, etc. 301 W. Hallandale Beach Blvd		Suite, Apt. #, etc. 301 W. Hallandale Bch Blvd		03252004 Chg-LLC CR2E083 (10/03)	
City & State Hallandale Beach, FL		City & State Hallandale Beach, FL		4. FEI Number 71-0875004	
Zip 33009		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent LESLIE ALAN ROZENCWAIG, P.A. ONE S.E. THIRD AVENUE, SUITE 960 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Rozencwaig & Ferrero-Carr Street Address (P.O. Box Number is Not Acceptable) 301 W. Hallandale Beach Blvd. City Hallandale Beach FL Zip Code 33009		
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 _____ DATE 3/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALCIYAN, ARTO 210 174TH STREET, APT. 1214 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SETA HILDA BARSAMYAN DE KALCIYAN 210 174TH STREET, APT. 1214 NORTH MIAMI BEACH, FL 33160	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ Arto Kalciyan, Man. 3/25/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					