

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000007126

**1. Entity Name
INTERAMERICAN GLAZING GROUP, L.C.**



**Principal Place of Business
C/O ROZERCWAIG & FERRERO-CAR
301 W. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

**Mailing Address
C/O ROZERCWAIG & FERRERO-CAR
301 W. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**



04072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
71-0875004**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROZENCWAIG & FERRERO-CARR
301 W. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KALCIYAN, ARTO
18911 COLLINS AVE., APT 3002
NORTH MIAMI BEACH, FL 33160**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SETA HILDA BARSAMYAN DE KALCIYAN
18911 COLLINS AVE., APT. 3002
NORTH MIAMI BEACH, FL 33160**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
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CITY-ST-ZIP**

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NAME
STREET ADDRESS
CITY-ST-ZIP**

1100000308618
04/16/05-80005-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Manager

Date

4/7/05

Daytime Phone #