

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90171 025 ***150.00

DOCUMENT # L38958

1. Entity Name

STEVE'S CUSTOM WINDOW TINTING CO.



Principal Place of Business

2162 N.E. 162 ST
NORTH MIAMI BEACH FL 33162

Mailing Address

2162 N.E. 162 ST
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

2162 NE 162 ST

Suite, Apt. #, etc.

3. Mailing Address

2162 NE 162 ST

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

N.M.B., FLA

City & State

NMB, FLA

4. FEI Number

59-2676226

Applied For

Not Applicable

Zip

33162

Country

DADE

Zip

33162

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHIO, STEVE
2162 NE 162ND ST
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Steve Chio
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CHIO, STEVE
STREET ADDRESS 2162 NE 162ND ST
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Steve Chio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

305.544.5093

Date

Daytime Phone #