2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # L38958 1. Entity Name STEVE'S CUSTOM WINDOW TINTING CO.

FILED Mar 08, 2005 8:00 am Secretary of State 03-08-2005 90171 025 ***150.00

					-					
Principal Place of Business Mailing Address										
2162 N.E. 162 ST 2162 N.E. 162 ST										
NORTH MIAMI BEACH FL 33162			NORTH MIAMI BEACH FL 33162						•	
						1188	 	BII BIBII BIBII BIBIL BIBI	Graniaat () (\$3)	
9 Principal D	Ilaaa of Dusiaaaa		2 Mailing Address							
2. Principal Place of Business 3. Mailing Address 3.162 NE 16					¥ 57			BIL BIBLI BIBLI BILBI BIBLI		
Suite, Apt.		0 01	Suite, Apt. #, etc.			-	1 HOODE CD05004 (40/04)			
cuto, y pa n, co.						ıs	t MOORE CR2	2E034 (10/04)		
City & State City & State						4. FEI Numb	oer 50.0070000		Applied For	
N.M.B, FZA			NMB, FLA				59-2676226		Not Applicable	
Zip	C	Zip Country			5 Certificate	5. Certificate of Status Desired S8.75 Additional				
33/6		JAOB	33/62 DADE				Fee Hequired			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
O IIO OTTUE					Name					
CHIO, STEVE 2162 NE 162ND ST					Street Address (P.O. Box Number is Not Acceptable)					
		BEACH FL 3316	2							
,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 (0) (2 00 (0)	-						ļ	
					City			FL Zip C	ode	
					<u>L</u>					
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.										
and designation of registration registration and the second secon										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **S DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be										
A LIST MICROSCOP, DE L. N. A. D. L. L.	Control of the Contro	ee Will Be \$550.00	. 5 . P & 2 . 2 . 3 . 1				Trust Fund Contribu		dded to Fees	
Make Check Payable to Florida Department of State										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICER	RS AND DIRECTO	ORS IN 11	
TITLE	DP		☐ Delete	TITL				Chang	e 🔲 Addition	
NAME	CHIO, STEVE	5.07	NAME							
STREET ADDRESS CITY-ST-ZIP	2162 NE 162N MIAMI FL 3316				EET ADDRESS Y-ST-ZIP					
	WIAWIFE 3316) <u> </u>								
TITLE NAME	ļ		Delete	TITL				☐ Chang	e Addition	
STREET ADDRESS	1				EET ADDRESS					
CITY-ST-ZIP					Y-ST-ZIP					
TITLE	ļ .	•	Delete	TáTL	F			Chang	e Maddition	
NAME	-		□ Petere	- NAN	. 1					
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE	-		☐ Delete	TITL	.E			Chang	e Addition	
NAME				MAM						
STREET ADDRESS				STR	EET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Detete	TITL	TE			Chang	ge 🔲 Addition	
NAME		·		NAM						
STREET ADDRESS					REET ADDRESS					
CITY-ST-ZIP				CIT	Y-ST-ZIP					
TITLE			☐ Delete	TITL				☐ Chang	ge Addition	
NAME STREET ADORESS				NAM						
STREET ADDRESS CITY-ST-ZIP					REET ADDRESS Y-ST-ZIP					
							ne su la contra di	Manage 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
12. I hereby	certify that the inf	ormation supplied with	this filing does not qualify f	or the ex	emption stated i	in Section 119.07(3	s)(i), Fiorida Statutes. I fur	tner certify that th	e 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR