2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M78223

1. Entity Name
WINDOW TINT U.S.A., INC.

Principal Place of Business	Mailing Address
1975 NW 18TH ST POMPANO BEACH, FL 33069 US	1975 NW 18TH ST POMPANO BEACH, FL 33069 US

DO NOT WRITE IN THIS SPACE

03162004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0047715	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required
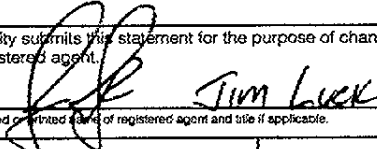
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6. Name and Address of Current Registered Agent

LUCK, JAMES
5331 S.W. 199 AVE.
FT. LAUDERDALE, FL 33332

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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 _____ Jim Luck _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)

DATE 4/16/04

04/21/04-80040-012 150.00
000000122742
04/21/04-80040-012 150.00

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	LUCK, JAMES
STREET ADDRESS	5331 S.W. 199 AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/16/04   Daytime Phone # 954 960 0212