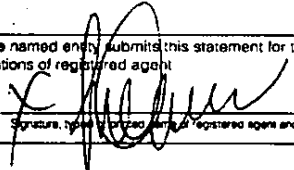
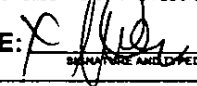


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 025 ***150.00

DOCUMENT # P00000026541 1. Entity Name BOBBY MARTIN'S CONTRACTORS GLAZING, INC.					
Principal Place of Business 4701 ORANGE DRIVE DAVIE, FL 33314			Mailing Address P.O. BOX 292216 DAVIE, FL 33329		
2. Principal Place of Business - No P.O. Box # 4739 Orange Drive		3. Mailing Address P.O. BOX 292216			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DAVIE, FL		City & State DAVIE, FL		4. FEI Number 65-0992304	
Zip 33314		Country USA		Applied For ☐ Not Applicable	
Zip 33329		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZEI, JOSE 4701 ORANGE DRIVE DAVIE, FL 33314				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:  DATE: _____ (Signature, Title, and Office of Registered Agent and one if applicable) (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME ZEI, JOSE			NAME 		
STREET ADDRESS 4701 ORANGE DRIVE			STREET ADDRESS 		
CITY- ST- ZIP DAVIE, FL 33314			CITY- ST- ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
TITLE 	☐ Delete		TITLE 	☐ Change ☐ Addition	
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY- ST- ZIP 			CITY- ST- ZIP 		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					