2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039282

Entity Name: JIMMY'S MOBILE WINDOW TINTING INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5620 NW 107 AVENUE #1505

#1000 MIAMI, FL 33178 U

Current Mailing Address: New Mailing Address:

5620 NW 107 AVENUE #1505 MIAMI, FL 33178 US

FEI Number: 65-1011966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SALGADO O., JAIME
 SALGADO O., JAIME

 5620 NW 107 AVENUE
 14812 SW 54 ST

 #1505
 MIRAMAR, FL 33027
 US

MIAMI, FL 33178 US

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.

SIGNATURE: JAIME SALGADO 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: MGER (X) Change () Addition

 Name:
 SALGADO, JAIME
 Name:
 SALGADO, JAIME

 Address:
 5620 NW 107 AVENUE #1505
 Address:
 14812 SW 54 ST

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIRAMAR, FL 33027

Title: Title: () Delete (X) Change () Addition Name: GARCIA, MARIA L Name: HAZZI, YAMILE 8401 NW 107 CT #6 Address: 11451 NW 51 LN Address: MIAMI, FL 33178 DORAL, FL 33178 City-St-Zip: City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 NANCY, DEHAZZI
 Name:

 Address:
 11451 NW 51 LN.
 Address:

 City-St-Zip:
 DORAL, FL 33178
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAIME SALGADO MGER 04/23/2009