## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000111234

Entity Name: S & J AUTO GLASS, INC.

19017 N.W. 53RD COURT

OPA LOCKA, FL 33055

Address:

City-St-Zip:

FILED Apr 24, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place	or business:
	V. 53RD COUF KA, FL 33055	RT		
Current Mailing Address:			New Mailing Address:	
	V. 53RD COUF KA, FL 33055	रा		
FEI Number	: 65-1058893	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:
19017 N.V	NO, MARIA M V. 53RD COUF KA, FL 33055	RT US		
	named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATU				
		nic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( JUSTINIANO, N 19017 N.W. 53 OPA LOCKA, F	RD COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD ( SANCHEZ, RA 18682 N W 52 OPA LOCKA, F	ND PATH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	TD ( SANCHEZ, JO: 18682 N W 52I OPA LOCKA, F	ND PATH	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	SD ( JUSTINIANO, E	) Delete BALTAZAR	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: MARIA M. JUSTINIANO PD 04/24/2007