


FILED
Apr 23, 2004 8:00 am
Secretary of State

DOCUMENT # P01000006455			
1. Entity Name AFFORDABLE WINDSHIELDS PLUS GLASS & MIRRORS INC.			
Principal Place of Business 851 MONTEREY ROAD STUART FL 34994		Mailing Address 851 MONTEREY ROAD STUART FL 34994	
2. Principal Place of Business 2201 SE Indian St Suite, Apt. #, etc. E-5 City & State STUART, FL Zip 34997 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
6. Name and Address of Current Registered Agent			
HIGGINS, MELANIE 951 SE MONTEREY RD STUART FL 34994			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZYSK, TIMOTHY 851 SE MONTEREY ROAD STUART FL 34994 <i>5804 SW WOODHAM ST PALM CITY FL 34990</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HIGGINS, MELANIE 851 SE MONTEREY RD STUART FL 34994 <i>ZYSK</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>(not married)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Melanie Zysk</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			