FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000067185

1. Entity Name
F.V.G. FIBERGLASS, INC.

Principal Place of Business	Mailing Address
13804 SW 139TH COURT MIAMI, FL 33186	13804 SW 139TH COURT MIAMI, FL 33186

04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120560
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZVILLANUEVA, VIRGINIA
13804 SW 139TH CT
MIAMI, FL 33186

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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 _____
Signature, typed or printed name of individual agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	PD
NAME	VILLANUEVA, FERNANDO
STREET ADDRESS	13804 SW 139TH COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	TS
NAME	DIAZ VILLANUEVA, VIRGINIA
STREET ADDRESS	13804 SW 139TH COURT
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/04-80134-025 150.00

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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: _____ 4/20/04 (305) 254-3323
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR SIGNING OFFICER OR DIRECTOR Date Daytime Phone #