

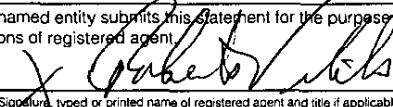
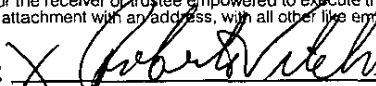


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90373 024 ***150.00

DOCUMENT # P01000092177 1. Entity Name ECONOMY GLASS OF SOUTH FLORIDA INC.					
Principal Place of Business 2145 BAY DRIVE APT 2 MIAMI BEACH, FL 33141			Mailing Address 2145 BAY DRIVE APT 2 MIAMI BEACH, FL 33141		
2. Principal Place of Business 4722 SW 185TH AVE		3. Mailing Address 4722 SW 185TH AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIRAMAR FL		City & State MIRAMAR FL			
Zip 33029		Country USA		4. FEI Number 80-0033175	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent VILCHES, ROBERTO 2145 BAY DRIVE APT 2 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name VILCHES ROBERTO Street Address (P.O. Box Number is Not Acceptable) 4722 SW 185TH AVENUE City MIRAMAR FL Zip Code 33029	
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 4-8-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILCHES, ROBERTO 2145 BAY DRIVE APT 2 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRAIG P. JONES 500 NW 44TH ST MIAMI FL 33127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILCHES ROBERTO 4722 SW 185TH AVENUE MIRAMAR FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 lines empowered.					
SIGNATURE: 			Date 4-8-04 Daytime Phone #		