

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000047302

Entity Name: SUPREME AUTO GLASS, INC.

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

5944 CORAL RIDGE DR., UNIT 123
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5944 CORAL RIDGE DR., UNIT 123
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 30-0168202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHICHRUR, YECHIEL
5944 CORAL RIDGE DR., UNIT 123
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHICHRUR, YECHIEL
Address: 5944 CORAL RIDGE DR., UNIT 123
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VD () Delete
Name: ASMON, BOAZ
Address: 12349 N.W. 55TH STREET
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YECHIEL SHICHRUR

PD

01/11/2005

Electronic Signature of Signing Officer or Director

Date