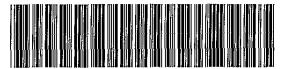
P02000050244

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(Address)					
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DIVISION OF CORPORATION

RA Chq.

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	ECT: ACCURATE GLASS WORKS, INC.					
(Name of corporation)						
DOCU	JMENT NUMBER: P02000050244					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	FRED PERFETTO					
	(Name of person)					
	ACCURATE GLASS WORKS, INC. (Name of firm/company)					
·	9435 BURLINGTON PLACE (Address)					
	BOCA RATON, FL 33434 (City/state and zip code)					
For fu	rther information concerning this matter, please call:					
ARI	E A. TAYKAN at (954) 722-9250 (Name of person) (Area code & daytime telephone number)					
Enclos	sed is a \$35.00 check made payable to the Department of State.					
Amend Division P.O. B	Iment Section On of Corporations Ox 6327 Amendment Section Division of Corporations Ox 6327 Againes Street Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sec	tions 607.0502, 617.05	502, 607.1508, or 617.150	08, Florida Statutes,
this statement of FLORIDA			rganized under the laws of office or registered agent,	
of Florida. 1. The name of the corporation:		hange its registered office or registered agent, or both, in the State of ACCURATE GLASS WORKS, INC.		
2. The principal office address:		9435 BURLINGTON PLACE		
		BOCA RATON, FL	33434-5514	
3. The mailing	address (if different	t):		
4. Date of incom	rporation/qualificati	ion: 5/2/02	Document number:	P02000050244
5. The name an		the current registered as	gent and registered office of	on file with the
	9435 BURLINGT	TON PLACE		
	BOCA RATON, F	FL 33434-5514		
6. The name a changed):	nd street address o		gent (if changed) and /or	registered office (if
	9435 BURLINGT	ON PLACE		
	BOCA RATON, F	(P.O. Box of personal mailbox N	OT acceptable)	
	ress of its registered ged will be identica	d office and the street a	address of the business of	
Such Allange wanthonized by	as authorized by re he board, or the co		by its board of directors of the cha	
(Signature of an office	er, chairman or vice chairma	n of the board)	ED PERFETTO, PRESIDE (Printed or typed name and ti	ENT tite)
I further agree performance o registered ages office deldress,	to comply with the f my duties, and I a nt. Or, if this document the confirm to the confirm the confirmation and confirmation the confirmation and confirmation the confirmation and confirmation and confirmation the confirmation and confi	is registered agent and provisions of all statum in familiar with and ac ment is being filed men hat the corporation ha	l agree to act in this capa ites relative to the proper ccept the obligation of my rely to reflect a change in s been notified in writing	and complete position as the registered of this change.
() e	Signature of Registered Age	int)	3-10- (Date)	03
If signing on beha	alf of an entity:			
	(Typed or Printed Name)		(Capacity)	

* * * FILING FEE: \$35.00 * * *