


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**


04-23-2007 90074 045 \*\*\*150.00

<b>DOCUMENT # P02000113034</b>	
1. Entity Name <b>AMERICAN GLASS LAMINATES, INCORPORATED</b>	

Principal Place of Business <b>901 NW 35th St, Suite 200</b> <b>4800 N FEDERAL HIGHWAY SUITE 307B</b> <b>BOCA RATON, FL 33431</b>	Mailing Address <b>4800 N FEDERAL HIGHWAY SUITE 307B</b> <b>BOCA RATON, FL 33431</b> <b>901 NW 35th St, Suite 200</b>
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**40075430**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>22-3892506</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAP SERVICE CORPORATION**  
**4800 N FEDERAL HIGHWAY SUITE 307B**  
**BOCA RATON, FL 33431**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DOYLE, JOHN 4800 N FEDERAL HIGHWAY SUITE 307B BOCA RATON, FL 33431
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** John V. Doyle **3/14/07** **561-730-2300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #