2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL KEPUK I							i"	IL		
DOCUMENT # P03000090290 1. Entity Name AMERICAN STEERING COLUMNS & AUTO GLASS INC.							.1 Mc111/j .5.81. ()	ล้า ถ้า เกราวัสได้เก 5 - 2510: 37		
Principal Place 7028 WEST 3 HIALEAH GAR	30 LANE		Mailing Address 7028 WEST 30 LANE HIALEAH GARDENS, FL	33018	US	1,88(188)	66197 1111 6811 6811 BE		1881 II 1881	
Principal Place of Business 3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			03152006	Chg-P	CR2E034 (11/05)		
City & State			City & State			4. FEI Number 20-016			plied For t Applicable	
Zip	Country		Zip Count		try		of Status Desired	\$8.75 Add	itional	
6. Name and Address of Current F			Registered Agent			7. Name and Address of New Registered Agent				
Name									-	
DIAZ, YHOSVANY 7028 WEST 30 LANE HIALEAH GARDENS, FL 33018					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zip Gode	, ,	
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 registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) OATE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE										
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTORS	S IN 11	
TITLE	PD		☐ Delete	E			☐ Change	☐ Addition		
NAME	DIAZ, YH			IE .						
CITY-ST-ZIP	TREET ADDRESS 7028 WEST 30 LANE ITY-ST-ZIP HIALEAH GARDENS, FL 33018									
TITLE			☐ Delete	E			Change	☐ Addition		
NAME	NAI				KE	90006406400				
STREET ADDRESS CITY-ST-ZIP	CIT				EET ADDRESS (-ST-ZIP	03/3	0/060106;	2025 **300	.00	
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NAME STREET ADDRESS STR					AL EET ADDRESS				į	
CITY-ST-ZIP				CITY	Y-ST-ZIP				<u> </u>	
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 excurate 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 of 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.										
1										
SIGNATURE: SIGNATURE AND TYPED ON SEINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Date Daytime Prome P										

MA.