

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101678

FILED
May 01, 2009
Secretary of State

Entity Name: EAGLE AUTO GLASS CORP.

Current Principal Place of Business:

10414 NW 27 AVE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

10414 NW 27 AVE
MIAMI, FL 33147 US

New Mailing Address:

FEI Number: 20-0231881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDEA & ASSOCIATES SVC. GRP, INC.
15025 NW 77 AVENUE
SUITE 137
MIAMI LAKES, FL 33014 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: ZAMORA, RODNEY
Address: 10414 NW 27 AVE
City-St-Zip: MIAMI, FL 33147 US

Title: VPST () Delete
Name: MILIAN, JOSE O
Address: 10414 NW 27 AVE
City-St-Zip: MIAMI, FL 33147 US

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 exemption stated 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 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: JOSE O. MILIAN

VPST

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date