2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90133 032 ***150.00

DOCUMENT # P03000102911

1. Entity Name
PERFECT TOUCH GLASS, INC

54053419

Principal Place of Business	Mailing Address
6845 NARCOOSSEE RD. # 51 ORLANDO, FL 32822	6845 NARCOOSSEE RD. # 51 ORLANDO, FL 32822

04012004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0940394 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOLINA, DAVID
6845 NARCOOSSEE RD # 51
ORLANDO, FL 32822

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 acc 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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, DAVID 6845 NARCOOSSEE RD # 51 ORLANDO, FL 32822	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Molina 5/3/04 4/13/04 407 296 4994

Attachment

S3405 3419

05/03/2004

P03000102911

To whom it may concern that

I David Molina owner of perfect touch glass inc. Sent the 2004 annual report on 04/13/04 and on my bank statement the check has not been clear I am assuming that the check got lost , I'm sending another check and the copy of the annual report that I sent with new Date and signature.....

Sincerely

David Molina

4674

PERFECT TOUCH GLASS & MIRROR
6845 NARCOOSSEE RD #51
ORLANDO, FL 32822
407-298-4994

63-8413-2670

DATE 4/13/04

PAY TO THE ORDER OF Division OF Corporations $ 150.00

One Hundred fifty ——— 00/100 DOLLARS

WASHINGTON MUTUAL BANK, FA
DoverShores Financial Center 1703
4444 CURRY FORD ROAD
ORLANDO, FL 32812
1-800-788-7000

FOR _____ David Mabrie

⑈004674⑈ ⑆267084131⑆ 3924228592⑈

Attachment 540534 19

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