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Secretary of State
04-20-2006 90188 017 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000032076

1. Entity Name
CABALLERO AUTO GLASS CORPORATION

400054010

03022006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
1955 SW 5TH AVE MIAMI, FL 33129	1955 SW 5TH AVE MIAMI, FL 33129

2. Principal Place of Business	3. Mailing Address
1601 NW 62 TERR	1601 NW 62 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE FLORIDA	City & State: MARGATE FLORIDA
Zip: 33063 Country:	Zip: 33063 Country:

4. FEI Number: 06-1718141 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CABALLERO, ORLANDO
1955 SW 5 AVE.
MIAMI, FL 33129-1304

7. Name and Address of New Registered Agent

Name: ORLANDO CABALLERO
Street Address (P.O. Box Number is Not Acceptable): 1601 NW 62 TERR
City: MARGATE FL Zip Code: 33063

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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 CABALLERO, ORLANDO 1955 SW 5TH AVE MIAMI, FL 33129	☐ Delete	P ORLANDO CABALLERO 1601 NW 62 TERR MARGATE FL 33063	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 4/6/06 786 355 2987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #