

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90188 017 ***158.75

DOCUMENT # P04000032076	
1. Entity Name CABALLERO AUTO GLASS CORPORATION	

Principal Place of Business 1955 SW 5TH AVE MIAMI, FL 33129	Mailing Address 1955 SW 5TH AVE MIAMI, FL 33129
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2. Principal Place of Business 1601 NW 62 TERR Suite, Apt. #, etc.	3. Mailing Address 1601 NW 62 TERR Suite, Apt. #, etc.
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City & State MARGATE FLORIDA	City & State MARGATE FLORIDA
Zip 33063	Country
Zip 33063	Country

40004010



03022006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CABALLERO, ORLANDO 1955 SW 5 AVE. MIAMI, FL 33129-1304	
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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.

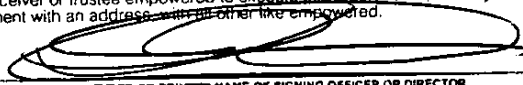
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P CABALLERO, ORLANDO 1955 SW 5TH AVE MIAMI, FL 33129 ☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	P ORLANDO CABALLERO 1601 NW 62 TERR MARGATE FL 33063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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 employed.

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