

**2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000135401

Entity Name: ABS AUTO GLASS, INC

**FILED  
May 02, 2012  
Secretary of State**

**Current Principal Place of Business:**

4005 STORY RD.  
ST CLOUD, FL 34772

**New Principal Place of Business:**

**FILING CANCELLED  
RETURNED CHECK**

**Current Mailing Address:**

4005 STORY RD.  
ST CLOUD, FL 34772

**New Mailing Address:**

FEI Number: 81-0677480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYES, JIPSY  
4005 STORY RD  
ST. CLOUD, FL 34772      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JIPSY, REYES  
Address: 4005 STORY RD.  
City-St-Zip: ST CLOUD, FL 34772

Title: VP  
Name: REYES, JIPSY  
Address: 4005 STORY RD.  
City-St-Zip: ST CLOUD, FL 34772

Title: SEC  
Name: REYES, JIPSY  
Address: 4005 STORY RD  
City-St-Zip: ST.CLOUD, FL 34772

I hereby 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 all other like empowered.

SIGNATURE: JIPSY J REYES

MRS

05/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date