

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 001 ***150.00

DOCUMENT # P04000147526

1. Entity Name
J.M. FIBERGLASS, INC



Principal Place of Business
**2713 W 70TH PLACE
HIALEAH, FL 33016**

Mailing Address
**2713 W 70TH PLACE
HIALEAH, FL 33016**

50055528



2. Principal Place of Business
**6878 NW 173 DR.
Suite, Apt. #, etc.
APT. 907
City & State
HIALEAH, FL.
Zip
33015
Country
DADE**

3. Mailing Address
**6878 NW 173 DR.
Suite, Apt. #, etc.
APT. 907
City & State
HIALEAH, FL.
Zip
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Country
DADE**

07132005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1804729

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**INFANTE, JORGE M
2713 W 70TH PLACE
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent
Name **INFANTE JORGE M.**
Street Address (P.O. Box Number is Not Acceptable).
6878 NW 173 DR. APT. 907
City **HIALEAH** FL Zip Code **33015**

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: ** Jm Infante* DATE: **07/13/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INFANTE, JORGE M 2713 W 70TH PLACE HIALEAH, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT INFANTE JORGE M. 6878 NW 173 DR. APT. 907 HIALEAH, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: ** Jm Infante* DATE: **07/13/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #