


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000085695	
1. Entity Name MAC AUTO GLASS INC	

Principal Place of Business 7004 SW 45TH STREET MIAMI, FL 33155 US	Mailing Address 7004 SW 45TH STREET MIAMI, FL 33155 US
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DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3149361	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARINO, RAMON 745 SW 35 AVE MIAMI, FL 33135
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COLLAZO, JOAQUIN 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA COLLAZO, EDITH 8345 SW 58TH STREET MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/09/08-80041-014 158.75

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: Edith Collazo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #