2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND

Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90293 001 ***150.00 **DOCUMENT # P05000151586** ALL-DAY AUTO GLASS, INC. UCCCAUUD Principal Place of Business Mailing Address 13340 SW 60TH TERRACE 13340 SW 60TH TERRACE MIAMI, FL 33183 MIAMI, FL 33183 3. Mailing Address 12815 SW 58 Ln Hiami 1 F (33/83 NOW 2. Principal Place of Business Un Lliami Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01052006 Chg-P Applied For 4. FEI Number 61-068 1490 City & State City & State Not Applicable Prami Hiam. \$8.75 Additional Country Country 5. Certificate of Status Desired 2/82 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 Zip Code City 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 inled name of registered agent and little if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition Delete D TITLE TITLE NAME FELIU, ALEXEI NAME 13340 SW 60TH TERRACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI, FL 33183 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP ☐ Change Addition Delete TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an award of 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Daytime Phone #