FOR PROFIT CORPORATION
2010 - ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED
10 JUN -11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000158416

1. Entity Name: A-BEST GLASS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2511 S. SEMORAN BLVD	2511 S. SEMORAN BLVD
Suite, Apt. #, etc.: 1515	Suite, Apt. #, etc.: 1515
City & State: ORLANDO FLORIDA	City & State: ORLANDO FLORIDA
Zip: 32822 Country: USA	Zip: 32822 Country: USA

CR2E034B (11/08)

4. FEI Number: 20-4015571 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAIRO LENIS

Street Address (P.O. Box Number is Not Acceptable): 2511 S. SEMORAN BLVD #1515

City: ORLANDO FL Zip Code: 32822

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: _____ 6-8-2010

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	JAIRO LENIS
STREET ADDRESS	2511 S. SEMORAN BLVD #1515
CITY-ST-ZIP	ORLANDO FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600182062396
06/14/10--01002--027 **150.00

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-8-2010 (407)925-9397

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

Electronically JUN 11 2010