2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 07, 2008 8:00 am Secretary of State

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DOCUMENT # P07000036332 1. Entity Name ARCH ALUMINUM AND GLASS INTERNATIONAL, INC.							02-04-2	2008 9003	32 010 **	**150.00
Principal Place of Business			Mailing Address	Mailing Address						
10200 NW 67TH ST TAMARAC, FL 33321			10200 NW 67TH ST TAMARAC, FL 33321			66002842				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01252008	Chg-P	CR2E	34 (12/06)	
City & State			City & State			4. FEI Numb	-870 90	10	⊢	opied For
Zip	Country		Zip	Zip Country		5. Cenificate	e of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent . Name					
ARCH ALUMINUM & GLASS CO., INC. 10200 NW 67TH ST					Street Address (P.O. Box Number is Not Acceptable)					
TAMARAC						·				
					City	FL Zip Code				
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 accepted of the obligations of registered agent.										and accept
SIGNATURE										
Signature, typed or printed name of registered agant and little if applicable. (NOTE: Registered Agant signature required when reinstantig) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						.00 May Be led to Fees				ĺ
10.		OFFICERS AND		11,		ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	D SILVERS	TEIN, ROBERT H	☐ Delete	NAM	· }				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE NAME	D SILVERS	TEIN, LEON J	☐ Defete	TITL	1			-	Change	☐ Addition
STREET ADDRESS	10200 NV	V 67TH ST C, FL 33321		STRE	ET ADDRESS -ST-ZIP					
TITLE	D		☐ Delete	īmu					Change	Addition
STREET ADDRESS CITY-ST-ZIP	10200 NV	TEIN, RICHARD V 67TH ST			ET ADORESS -ST-ZIP					-
TITLE	IAMARA	C. FL 33321	☐ Delete	TITLE		<u> </u>	<u></u>		Change	☐ Addition
namé Street address				nam Stre	E EET ADORESS					
CITY-SI-ZIP					-ST-ZIP					
title Hame			☐ Delete	TITLI NAM					Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADORESS -ST-ZIP					İ
TITLE MANE			☐ Defete	TITU	- I				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADORESS - ST-ZIP					Ì
12. I hereby certify that the information supplied with this filling 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 at frequired 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 expowered.										
SIGNATURE: X 1/29/08 9 TV-724-17 75									<u></u>	
	- -	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGHING OFFICER	OR DIRECT	TÓR		Date		eytime Phone it	i