2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 29, 2008 8:00 am

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DOCUMENT # P07000076215 1. Entity Name ALC FRAMELESS GLASS SHOWERS CORP						02-29-2008 90028 009 ***150.00					
Principal Place of Business M			Mailing Address			- 00	nev				
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JUU 12		(11112234), 10 001.2				 [21] [3]					
2. Principal Place of Business - No P.O. Box # 3.			. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02252008	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4.4EI Numbe			Αp	plied For	
						16-0	47245¢)	No	t Applicable	
	Country	Zip	Coun	try							
6. Name and Address of Current Registered Agent						7. Name and	Address of New	Registered	Agent		
CRUZ, ALFREDO E 900 W 49 ST 524 HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable) City • FL Zip Code							
		for the purpose of changing its	registere	ed office or re	egistere	d agent, or bot	h, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE						when reinstating)		DATE			
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.						d to Fees					
OFFICERS AND DIRECTORS 1						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
-		☐ Delete					•		Change	■ Addition	
	CRUZ, ALFREDO E										
900 W 49 ST., SUITE # 524		STRE	STREET ADDRESS								
HIALEAH	HIALEAH, FL 33012		CITY	Y-ST-ZIP							
		☐ Delete	TITL	E					☐ Change	Addition	
			NAM	ie					•		
	#, etc. 6. Name FREDO E ST FL 33012 FL 33012 FREDO E ST FL 33012 FREDO E ST FL 33012 FREDO E ST FL 33012	MELESS GLASS SHOWER MELESS GLASS SHOWER 9 of Business 33012 lace of Business - No P.O. Box # #, etc. 9 Country 6. Name and Address of Current FREDO E ST FL 33012 Inamed entity submits this statement ions of registered agent. Signature, typed or printed name of registered age E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550 OFFICERS AN P CRUZ, ALFREDO E	MELESS GLASS SHOWERS CORP To of Business Mailing Address 900 W 49 ST 524 HIALEAH, FL 33012 Jace of Business - No P.O. Box # 3. Mailing Address #, etc. City & State Country City & State Country Tip 6. Name and Address of Current Registered Agent FREDO E ST FL 33012 The named entity submits this statement for the purpose of changing its ions of registered agent. Signature, typed or printed name of registered agent and title if applicable NOT E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS P CRUZ, ALFREDO E 900 W 49 ST., SUITE # 524 HIALEAH, FL 33012	MELESS GLASS SHOWERS CORP # of Business	Mailing Address 900 W 49 ST 524 HIALEAH, FL 33012 Iace of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent FREDO E ST Street Add Street Add City Street Add City Ci	MELESS GLASS SHOWERS CORP # of Business Mailing Address 900 W 49 ST 524 HIALEAH, FL 33012 ace of Business - No P.O. Box # 3. Mailing Address 4, etc.	MELESS GLASS SHOWERS CORP Be of Business	MELESS GLASS SHOWERS CORP Deligible of Business Mailing Address 900 W 49 ST 524 HIALEAH, FL 33012 Suite, Apt. #, etc. Country Zip Country Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Namo Street Address (P.O. Box Number is Not Acceptable) FL 33012 City City City City City City City Pelection Campaign Financing Trust Fund Contribution. PREDO B Trust Fund Contribution. PREDO B Street Address of New Invalve required when remaining) Proceedings of Proceedings of Current Registered Special Speci	MELLESS GLASS SHOWERS CORP a of Business Mailing Address 900 W 49 ST 524 HIALEAH, FL 33012 lace of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apt. #, etc. 02252008 ChgP CR26(City & State Country Zip Country 5. Certificate of Status Desired Country Zip Country 5. Certificate of Status Desired Name and Address of Current Registered Agent Name Street Address of New Registered Street Address (P.O. Box Number is Not Acceptable) FL 33012 City FL Trained entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I among of registered agent. Sepature, typed or printed name of registered lagent and title il applicable (NOTE Registered Agent sepature required when remassing) DATE E NOW!II FEE IS \$150.00 By 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND INTER ADDRESS OFFICERS AND INTER ADDRESS OFFI-S-2P Delete INTER	MELESS GLASS SHOWERS CORP Mailing Address 900 W 49 ST 524 HALEAH, FL 33012 Size of Business - No P.O. Box # 3. Mailing Address #, etc. Suite, Apr. #, etc. 0252008 ChgP CR2E034 (12/06) Country Zip Country 5. Certificate of Status Desired \$8.75 Address Require 6. Name and Address of Current Registered Agent FREDO E ST FL 33012 City A State T. Name and Address of New Registered Agent Namo Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City - FL Zip Code City - FL Zip Code Namo or prejistered agent, or both, in the State of Florida. I am familiar with, ions of registered agent. E NOWILL FEE IS \$150.00 and 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS Delete ITILE NAME NAME NAME NAME ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE Delete ITILE NAME STRET ADDRESS STRET ADDR	

CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiele ☐ Change ☐ Addition TITLE 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 eath; 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 addressy with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2/25/08

786)287-6734