

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2008 8:00 am
Secretary of State

08-28-2008 90002 026 ***150.00

DOCUMENT # P07000084249

1. Entity Name
ALL-PRO TINT & MOBILE ELECTRONICS, INC.



Principal Place of Business
3030 SOUTH CONGRESS AVE
SUITE 2
BOYNTON BEACH, FL 33426 US

Mailing Address
3030 SOUTH CONGRESS AVE
SUITE 2
BOYNTON BEACH, FL 33426 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

4133 ARTESA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08182008 Chg-P CR2E034 (12/06)

City & State

City & State

BOYNTON BEACH, FL

4. FEI Number

56-2672430

Applied For

Not Applicable

Zip

Country

Zip

33436

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STORCH, HERBERT F
7471 WEST OAKLAND PARK BLVD
SUITE 102
LAUDERHILL, FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P.D
CIAMBRONE, CAROLYN
STREET ADDRESS
4133 ARTESA DRIVE
CITY- ST- ZIP
BOYNTON BEACH, FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Carolyn Ciambone CAROLYN CIAMBRONE