## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🔀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 14, 2008 8:00 am Secretary of State **DOCUMENT # P07000086990** 04-14-2008 90050 039 \*\*\*150.00 1. Entity Name PQ CUSTOM SHOWER AND GLASS INC Principal Place of Business Mailing Address 2415 NW 16 STREET 2415 NW 18 ST RD 40068086 SUITE-312 SUITE 312-MIAMI: FL 33125 MIAMI, FL 33125 2. Principal Place of Business No P.O. Box # 2/90 70 /094 Cost Mailing Address 10th Court 2190 U Suite, Apt. #, etc Suite, Apt. #, etc. 04082008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 26-0641873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PAVON, JORGE 2415 NW 10 ST RD SUITE 312 MIAMI, FL 99125 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 Fiorida. I am familiar with, and accept the obligations of registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. X Change ☐ Addition TITLE ☐ Delete TITLE PAVON, JORGE NAME NAME STREET ADDRESS 2413 NW 16 31 RD 3UITE 312 STREET ADDRESS CITY-ST-ZIP MIAMI, FL- 33125 CITY-ST-7IP 🗷 Change VP ☐ Delete TITLE Addition TITLE QUIROZ, ERICK F NAME NAME STREET ADDRESS 1901 NW 23 GT STREET ADDRESS CITY-ST-ZIP MIAMI, FL-09126 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED

23-0914