

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT# P93000062920
 1. Entity Name
AUTO PERFECTION WINDOW TINTING CORP.



Principal Place of Business: **9180 S. DIXIE HWY. MIAMI FL 33156**
 Mailing Address: **9180 S. DIXIE HWY. MIAMI FL 33156**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FCI Number: **65-0434848**
 Applied For: Not Applied For:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GONZALEZ, MARCO
9180 S. DIXIE HWY.
MIAMI FL 33156

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ Zip Code: **FL**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
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: PTD | <input type="checkbox"/> Delete |
| NAME: GONZALEZ, MARCO | |
| STREET ADDRESS: 9180 S. DIXIE HWY. | |
| CITY-ST-ZIP: MIAMI FL 33156 | |
| TITLE: SD | <input type="checkbox"/> Delete |
| NAME: OSMANSKI-GONZALEZ, LORI K | |
| STREET ADDRESS: 9180 S. DIXIE HWY. | |
| CITY-ST-ZIP: MIAMI FL 33156 | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Delete |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11) | |
|---|--|
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: _____ | |
| STREET ADDRESS: U00000463248 | |
| CITY-ST-ZIP: 03/21/06-80066 016 150.00 | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |
| TITLE: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: _____ | |
| STREET ADDRESS: _____ | |
| CITY-ST-ZIP: _____ | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Handwritten Signature]* Sec. **3/6/06**