

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000012928

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: GLASS & VELOUR REPAIR, CORP.

## Current Principal Place of Business:

5350 NW 114 AVE.  
APT. 101  
MIAMI, FL 33178 US

## New Principal Place of Business:

8211 NW 64TH STREET  
# 2  
MIAMI, FL 33166 US

## Current Mailing Address:

P.O. BOX 227424  
MIAMI, FL 33122 US

## New Mailing Address:

FEI Number: 65-0559024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CANO, RAFAEL A  
5330 NW 114 AVE  
APT. 101  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

CANO, RAFAEL A  
9755 NW 52ND STREET  
APT. 204  
MIAMI, FL 33178 US

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.

SIGNATURE: \_\_\_\_\_

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CANO, RAFAEL A  
Address: 5350 N.W. 114 AVE., APT. 101  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: CANO, RAFAEL  
Address: 5350 N.W. 114 AVE., APT. 101  
City-St-Zip: MIAMI, FL 33178

Title: VP ( ) Delete  
Name: LOPEZ, MAIBY X  
Address: 5350 N.W. 114 AVE, APT. 101  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CANO, RAFAEL A  
Address: 9755 NW 52ND STREET APT. 204  
City-St-Zip: DORAL, FL 33178

Title: D (X) Change ( ) Addition  
Name: CANO, RAFAEL  
Address: 9755 NW 52ND STREET APT. 204  
City-St-Zip: DORAL, FL 33178

Title: VP (X) Change ( ) Addition  
Name: LOPEZ, MAIBY X  
Address: 9755 NW 52ND STREET APT. 204  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAIBY X LOPEZ

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date