

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91030 050 ***150.00

DOCUMENT # P95000079731					
1. Entity Name MAGIC TOUCH AUTO GLASS, INC.					
Principal Place of Business 8221 S.W. 9TH COURT NORTH LAUDERDALE, FL 33068			Mailing Address P.O. BOX 938436 MARGATE, FL 33093 US		
2. Principal Place of Business 14618 66th Street N. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Loxahatchee, FL		City & State		4. FEI Number 65-0619477	
Zip 33470		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUADELUPE, OSCAR 8221 S.W. 9TH COURT NORTH LAUDERDALE, FL 33068				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14618 66th Street N. City Loxahatchee FL Zip Code 33470	
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: 4-20-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME GUADELUPE, OSCAR		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME 14618 66th Street N. Loxahatchee, FL 33470
STREET ADDRESS 8221 S.W. 9TH COURT	CITY-ST-ZIP NORTH LAUDERDALE, FL 33068				
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:			Date: 4-20-04 Daytime Phone #: 954-294-1649		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					