

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90032 029 ***150.00

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1. Entity Name
MAGIC TOUCH AUTO GLASS, INC.



Principal Place of Business
**14618 66TH STREET NORTH
LOXAHATCHEE, FL 33470**

Mailing Address
**P.O. BOX 938436
MARGATE, FL 33093 US**

00010009



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0619477	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUADELUPE, OSCAR
14618 66TH STREET NORTH
LOXAHATCHEE, FL 33470**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUADELUPE, OSCAR
STREET ADDRESS	14618 66TH STREET NORTH
CITY-ST-ZIP	LOXAHATCHEE, FL 33470

TITLE	
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IN THIS SPACE**

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 Oscar Guadalupe Pater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-06

954-294-1649

Date Daytime Phone #