

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2004 8:00 am
Secretary of State

06-08-2004 90002 046 ***550.00

DOCUMENT # P96000047238

1. Entity Name
J & D AUTO GLASS, INC.



Principal Place of Business

**17052 S.W. 153RD COURT
MIAMI, FL 33187**

Mailing Address

**17052 S.W. 153RD COURT
MIAMI, FL 33187**

**1663 SW. 20 ST.
MIAMI, FL 33145**

44046205



06042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0678108

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

6. Name and Address of Current Registered Agent

**SUAREZ, LAZARO
17052 S.W. 153RD COURT
MIAMI, FL 33187**

**1663 SW. 20 ST.
MIAMI, FL 33145**

**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

Signature, typed or printed name of registered agent and title 4 applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SUAREZ, LAZARO
17052 S.W. 153RD CT.
MIAMI, FL 33187**

**1663 SW. 20 ST.
MIAMI, FL 33145**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04 305 9757212

Date

Daytime Phone #