2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000047238

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



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

19905 SW 135TH AVE MIAMI, FL 33177 19905 SW 135TH AVE MIAMI, FL 33177



02012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0678108 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SUAREZ, LAZARO 19905 SW 135TH AVE MIAMI, FL 33177

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the pations of registered agent,	ourpose of changing its registere	ed office or registered agent, or b	ooth. in the State of Florida. I am familiar with, and accept
SIGNATURE.		The same of the sa		D175
	Signature, typed or printed name of registered agent and title	riappicable. (NOTE: Hegistered	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.		
10.	OFFICERS AND DIREC	CTORS		<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	PSTD SUAREZ, LAZARO 19905 SW 135TH AVE MIAMI, FL 33177			U00000620957 02/09/07-80056-021 150.0
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			in in	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR 2 TO

3/10 4 800 36 7 6