2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 AN Secretary of State

ANNUAL REPORT				Jan 24, 2008 08:0			
DOCUMENT # P96000055334 1. Entity Name CHAMPION GLASS, INC.					Sec	cretary o	f Sta
560 E PROS	ce of Business SPECT RD DALE, FL 33334	Mailing Address 560 E PROSPECT RD FT LAUDERDALE, FL 33334	<u></u>		····· •ini 4eni 8eni 8eni 8en	a) anas anas kies kiki giskesi	II 18 2 1
D	OO NOT WRITE	IN THIS SPA	CE	01042008 4. FEI Number 65-1065	. <u></u>		pplicable
	6. Name and Address of Current Re	ealstered Agent	<u>, , , , , , , , , , , , , , , , , , , </u>	5. Certificate of	of Status Desired	\$8.75 Addition Fee Required	nal
560 E PRO OAKLAND	A, CHRISTOPHER A OSPECT ROAD D PARK, FL 33334 e named entity submits this statement for tr	he purpose of changing its registe	red office or registe	IN T	NOT WRITHS SPA	CE	
the obligat	ations of registered agent.		red Agent signature required	·		DATE	
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered			incing _ \$5.	.00 May Be	,	DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE D GORMAN, CHRISTOPHER A P.O. BOX 23275 N/A FT. LAUDERDALE, FL	RECTORS					- 31
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					000000799 01/28/08-80	540 9 047-009 150.	00
NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
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NAME) 10 m m m m m m m m m m m m m m m m m m	Andrew Const	ga and a factorist of	ngang gertagan di kanan di ka Manan di kanan di ka	

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 attacoment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

14/08

954-564-3435