## 2004 FOR PROFIT CORPORATION ... ANNUAL REPORT

_		" WILLIAM	_ 17										
DOCUMENT # P96000076059 1. Entity Name								FILE	ED				
QUALITY AUTO GLASS, INC.							05	MAR 24					
Principal Plac	n of Puninga			iling Address			SEC	RELAGE	ur SiA	<u> -</u>			
Principal Place of Business Mailing Address ATTN: ORESTES J. GARCIA ATTN: ORESTES J. GARCIA					CIA	_	IAL	LAHASSE	.,i-LUK pina mina≕ik		10	7	
1644 W. 38TH PLACE				644 W. 38TH PLACE		DEIIVIS	TUTE		NH U	4-0	<u> </u>		
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2. Principal Place of Business			3.	Mailing Address									
Suite, Apt. #, etc.			:	Suite, Apt. #, etc.		08182004	Chg-P	(CR2	E034 (10/03	y HAR 2	4 21		
City & State				City & State		4. FEI Number Applied For 65-0693647 Not Applied by Applied For Not Applied Fo					_ ·;		
Zip		Country		Zip	Coun	try		of Status Desir		\$8.75 A Fee Requ			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name							
GARCIA, O	DRESTES	J										_	
2834 W. 75TH TER.						Street Address (P.O. Box Number is Not Acceptable)  The Properts MAR 2 A 2005							
HIALEAH, FL 33016						T. Roberts MAR 9 & 700.3						7	
						City			F	Zip Co	ode	-	
		submits this statement f	or the p	urpose of changing its	s register	ed office or registe	red agent, or bo	oth, in the State	of Florida. L	am familiar wit	h, and accept		
the obligat	ions of regis	ered igent.								/-			
SIGNATURE		or philitod harne of registered ag-		Laopitcable. (NO)	E. Danietora	d Agent signature require	d salama salaastek turk		03/6	22/05			
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10.		OFFICERS AND	DIREC	CTORS	11.	·····	ADDITIONS	/CHANGES TO	OFFICERS /	ND DIRECTO	RS IN 11		
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12. I hereby	I certify that th	e information supplied wi	th this f	ling does not qualify for	or the exe	motion stated in S	ection 119.07(3)	(i), Florida Statu	ites.1 turther	certify that the	e information	$\dashv$	
indicated of the cor changed	12. I hereby certify that the information supplied with this filling dides not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes:1 turther certify that the information, indicated on this report or supplemental eport of true and accurate and that my agnature 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 truefee emowered to execute this report of required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like emographer.												
		200				-							
SIGNATURE: 03/22/05 (305) 825-1900  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													

## QUALITY AUTO GLASS, INC. 1644 W 38<sup>TH</sup> PLACE HIALEAH, FL 33012-7026

July 30, 2004

FLORIDA DEPARTMENT OF STATE Secretary of State
DIVISION OF CORPORATIONS
P.O. BOX 6327
Tallahassee. Florida 32314

REF: (Form UBR-2004)

Dear Sirs:

We have just received your "NOTICE OF INTENT TO DISSOLVE" our Corporation.

We are very sorry for this inconvenience caused but the point is that we did not receive the Form UBR (2004) Uniform Business Report and really we forgot to request you this form and make the payment.

Please, find enclosed our check covering the above mentioned payment.

Cordially yours,

ORESTES J. GARCIA