2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054741

Title:

Name:

Address:

City-St-Zip:

VPD

FONT, JORGE

1787 W 32 PL

HIALEAH, FL 33012

(X) Delete

FILED Feb 11, 2005 Secretary of State

Entity Name: UNITED GLASS LAMINATING, INC.				
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1787 W. 32 PL HIALEAH, FL 33	012 US			
Current Mailing Address:		New Mailing Address:		
1787 W. 32 PL HIALEAH, FL 33	012 US			
FEI Number: 65-076	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
SANDOVAL, NATIVIDAD A 1787 W 32 PL HIALEAH, FL 33012 US The above named entity submits this statement for the pu		FONT, GEORGE 1787 W 32 PL HIALEAH, FL 33012 US Irpose of changing its registered office or registered agent, or both,		
in the State of Flo		arpose of changing its registered	romoc or regionarea agent, or both,	
SIGNATURE: JORGE FONT			02/11/2005	
	Electronic Signature of Registered Age			
Election Campaign	Financing Trust Fund Contribution ().	nı	Date	
Election Campaign OFFICERS AND	Financing Trust Fund Contribution ().		Date S TO OFFICERS AND DIRECTORS:	
OFFICERS AND Title: PTD Name: FONT Address: 1787	Financing Trust Fund Contribution ().	ADDITIONS/CHANGE		
OFFICERS AND Title: PTD Name: FONT Address: 1787 City-St-Zip: HIALI Title: VPD Name: RODI Address: 1787	Financing Trust Fund Contribution (). DIRECTORS: () Delete 7, ANNA M W. 32 PL	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	S TO OFFICERS AND DIRECTORS:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANNA FONT PTD 02/11/2005

() Change () Addition