FILED
Apr 10, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000058206

1. Entity Name
A.B.C. AUTO GLASS, INC.

Principal Place of Business	Mailing Address
5420 NW 79 AVE MIAMI, FL 33166	5420 NW 79 AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

03142008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0765251
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MONTILLA, JUAN R
551 NW 82 AVE APT 509
MIAMI, FL 33126

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MONTILLA, JUAN R
STREET ADDRESS	551 N.W.W 82 AVENUE #509
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VD
NAME	MARTINEZ, FULBIO A
STREET ADDRESS	12261 N.W. 8TH STREET
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80049-002 150.00

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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 02-20-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #