


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000004021	
1. Entity Name AFFORDABLE AUTO GLASS ENTERPRISE, INC.	

Principal Place of Business 2032 HIBISCUS DR. EDGEWATER, FL 32141	Mailing Address 2032 HIBISCUS DR. EDGEWATER, FL 32141
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3484953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOLOMON, MICHAEL 2032 HIBISCUS DR. EDGEWATER, FL 32141	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000072759
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, MICHAEL 2032 HIBISCUS DR. EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLOMON, MICHAEL 2032 HIBISCUS DR. EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SOLOMON, BERNADETTE 2032 HIBISCUS DR. EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SOLOMON, ROBERT 2032 HIBISCUS DR. EDGEWATER, FL 32141	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 fee empowered.

SIGNATURE: *Michael Solomon* **2-27-04 386-426-2555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #