


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90168 030 ***150.00

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| DOCUMENT # P98000014374 | |  |
| 1. Entity Name CUMBO CUSTOM MIRRORS, INC. | | |

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| Principal Place of Business 3639 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 | Mailing Address 3639 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 |
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|---|---|
| 2. Principal Place of Business 800 S. Dixie Hwy Bldg #6 Suite, Apt. #, etc. | 3. Mailing Address 800 S. Dixie Hwy Bldg #6 Suite, Apt. #, etc. |
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|----------------------------------|----------------------------------|
| City & State TOMPAHO BEACH FL | City & State TOMPAHO BEACH FL |
| Zip 33060 | Zip 33060 |
| Country BROWARD | Country BROWARD |



04142006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0823151 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WICH, THOMAS M 2400 E. COMMERCIAL BLVD., #620 FT LAUDERDALE, FL 33308 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CUMBO, JOHN 3639 COCOPLUM CIRCLE COCONUT CREEK, FL 33063 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: John Cumbo 4/17/06 954-917-3688
Signature and typed or printed name of signing officer or director Date Daytime Phone #