2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P98000034243 Feb 05, 2007 08:00 AM **Secretary of State** OSCAR BARBERY GLASS, INC. Principal Place of Business Mailing Address 3602 S. HESPERIDES STREET TAMPA FL 33629 P.O. BOX 320035 TAMPA FL 33679 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato City & State Applied For 4. FEI Numbor 59-3505496 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARBERY, OSCAR H JR. Street Address (P.O. Box Number is Not Acceptable) 3602 S. HESPERIDES STREET TAMPA FL 33629 Zip Code City 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 it applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Change DIH ☐ Defete 1000 BARBERY, OSCAR H JR. NAMI NAME 000000622605 02/13/07-80032-015 150.00 3602 S. HESPERIDES STREET STREET ADDRESS STRULT ADDRESS **TAMPA FL 33629** CHY-SI-702 CHY ST-ZIP ☐ Delete Change ■ Addition 11111 11111 NAME NAM STRELL ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Dolete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HHE ☐ Change Addition Delete 110.1 NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete ☐ Change Addition NAMI' STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY+SI-7IP ши ☐ Change Addition ☐ Delete TIME NAME NAME STREET ADDRESS STREET ADDRESS CHY-St-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficier or director of the corporation or the receiver or trusted 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 adachinent with an address, with all other like empowered.