


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90060 010 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P99000033249</b>         |  |
| 1. Entity Name<br>THE GLASS GUYS, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>3030 SW 165 AVE.<br>MIRAMAR, FL 33027 | Mailing Address<br>3030 SW 165 AVE.<br>MIRAMAR, FL 33027 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

01142005 Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br>65-0925400                               | Applied For<br><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<br>AVILA, JESUS F<br>174-87 SW 20TH CT.<br>MIRAMAR, FL 33029 | 7. Name and Address of New Registered Agent<br>Name<br>Avila, Jesus F<br>Street Address (P.O. Box Number is Not Acceptable)<br>3030 SW 165 AVE.<br>City Miramar FL Zip Code 33029 |
|--|---|

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.

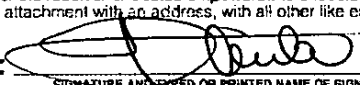
SIGNATURE Avila, Jesus F  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>AVILA, JESUS F<br>3030 SW 165 AVE.<br>MIRAMAR, FL 33029 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(f), 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

ATTACHMENT

4000384

# P990000 33249

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED OFFICE**

**THE GLASS GUYS, INC.**  
Name of Corporation

Pursuant to Florida status Section 48.091 and 607.0501. The following is submitted:

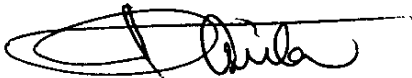
The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of incorporation at  
3030 SW 165 AVE  
MIRAMAR, FL 33027

Has named AVILA, JESUS F aforesaid address. As a registered agent to accept service of process within the State.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all relating the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

01/14/2005

Date



**AVILA, JESUS F.**  
3030 SW 165 AVE  
MIRAMAR, FL 33027