

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90029 025 ***150.00

DOCUMENT # P99000038155

1. Entity Name
WARREN'S GLASS REPAIR, INC.



Principal Place of Business
**6574 N STATE RD 7
336
POMPANO BEACH, FL 33073**

Mailing Address
**3964 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

03092008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0913968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BISHINS, LARRY-V
4548 NO. FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

Name

WARREN EINIGER

Street Address (P.O. Box Number is Not Acceptable)

6574 N STATE RD 7 #336

City

COCONUT CREEK

FL

Zip Code

33073

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]

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-9-08

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **EINIGER, WARREN**
STREET ADDRESS **3964 COCOPLUM CIRCLE #E**
CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 *Warren Einiger* **WARREN EINIGER**

3-9-08 954.968-2132