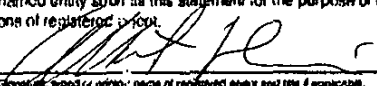
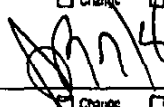
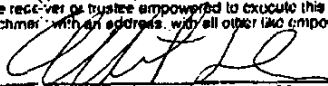


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079247			
1. Entity Name IMPACT GLASS, INC.			
Principal Place of Business 818 NW 34 AVE MIAMI, FL 33125		Mailing Address 818 NW 34 AVE MIAMI, FL 33125	
2. Principal Place of Business 3421 NW 17 St		3. Mailing Address 3421 NW 17 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33125	Country USA	Zip 33125	Country USA
4. FEI Number 65-0958790		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, ALBERTO J 3422 SW 8 STREET MIAMI, FL 33125		7. Name and Address of New Registered Agent Name: DIAZ, ALBERTO J Street Address (P.O. Box Number is Not Acceptable) 3421 NW 17 St City MIAMI FL Zip Code 33125	
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 		DATE 7-7-05	
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-CP	PD DIAZ, ALBERTO J 3421 N.W. 17 St. MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-CP	TD DIAZ, ALBERTO J JR 818 NW 34 AVE MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition 000057367980 07/12/05--01075--017 **150.00
TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition 
TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-CP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(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: 		Date 7-7-05 (716) 306-4949	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		Date	

FILED

05 JUL -8 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07072005 Chg-P CH2ED34 (10/03)