2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000079247

1. Entity Name
IMPACT GLASS, INC.

FILED
05 JUL -8 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
818 N W 34 AVE MIAMI, FL 33125	818 N W 34 AVE MIAMI, FL 33125

07072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3421 NW 17 St	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	7. Name and Address of New Registered Agent
DIAZ, ALBERTO J 3422 SW 8 STREET MIAMI, FL 33125	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: [signature] DATE: 7-7-05

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

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-ZIP	PD DIAZ, ALBERTO J 3421 N.W. 17 ST. MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DIAZ, ALBERTO J JR 818 NW 34 AVE. MIAMI, FL 33125	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000057367980 07/12/05--01075--017 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 7-7-05 (786) 306-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #