05/14/2006 03:31 9546806222 WALTERTSAMU

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90041 001 ***150.00

DOCUMENT # S24180

1. Entity Name
SIR WINDOW TINT I, INC.

Principal Place of Business	Mailing Address
1100 W OAKLAND PARK BLVD. WILTON MANORS, FL 33311	~~1100 W OAKLAND PARK BLVD.~~ ~~WILTON MANORS, FL 33311~~

400000--

05162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	5530 S. ST RD 7
Suite, Apt #, etc	Suite, Apt. #, etc.
City & State	City & State: Hollywood FL
Zip / Country	Zip: 33314 Country: US.

4. FEI Number: 65-0235859 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PORTAL, LIRAN
1100 W OAKLAND PARK BLVD.
UNIT 2
WILTON MANORS, FL 33311

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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	P PORTAL, LIRAN 1100 W OAKLAND PK BLVD UNIT #2 FORT LAUDERDALE, FL 33311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZALDETI, HAMIE 1100 W OAKLAND PK BLVD UNIT #2 FORT LAUDERDALE, FL 33311	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #