I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 a	appears
above, or on an attachment with all other like empowered.	

SIGNATURE: OSCAR VELEZ

Electronic Signature of Signing Officer/Director Detail

Entity Name: VELEZ AUTOGLASS, INC. **Current Principal Place of Business:**

5027 PINE BREEZE CT. WEST PALM BEACH. FL 33415

Current Mailing Address:

5027 PINE BREEZE CT. WEST PALM BEACH. FL 33415

FEI Number: 51-0592265

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

VELEZ, OSCAR M 5027 PINE BREEZE CT. WEST PALM BEACH, FL 33415 US

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.

SIGNATURE:

Officer/Director Detail :				
Title	VP	Title	Р	
Name	LOPEZ, ALISA A	Name	VELEZ, OSCAR M	
Address	5027 PINE BREEZE CT.	Address	5027 PINE BREEZE CT.	
City-State-Zip:	WEST PALM BEACH FL 33415	City-State-Zip:	WEST PALM BEACH FL 33415	

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P06000096201

FILED Apr 13, 2016 Secretary of State CC7604935459

Date

Certificate of Status Desired: No

PRESIDENT

04/13/2016

Date