## **2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND

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## Aug 13, 2008 8:00 am Secretary of State **DOCUMENT # 184179** 1. Entity Name 08-13-2008 90003 031 \*\*\*550.00 DASH-DOOR & CLOSER SERVICE, INC. Principal Place of Business Mailing Address 7801 NW 29TH ST 7801 NW 29TH ST MIAMI FL 33122 **MIAMI FL 33122** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/08) City & State City & State Applied For 4. FEI Number 59-0746464 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEFFERY STEIHER Street Address (P.O. Box Number is Not Acceptable) 7801 NW 29TH ST **MIAMI FL 33122** City 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 requirer) when reinstating) FILE NOW!!!- FEE IS \$550.00 \$.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete III E Change ☐ Addition STEINER, ESTHER STREET ADDRESS 460 W. DILIDO DRIVE STREET ADDRESS CiTY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition STEINER, JEFFREY NAME NAME STREET ADDRESS 10480 S. W. 140TH ROAD STREET ADDRESS CITY-ST-ZIP MIAMI FL 33176 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME LIZASO, JUAN NAME STREET ADDRESS. 7801 NORTHWEST 193RD TERRACE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33015** CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

**FILED** 

Daytime Phone #