## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # 382504  1. Entity Name PINO'S WINDOW CORPORATION					5-01-2007 :	90049	045 ***15	0.00
Principal Place of Business 6860 NW 75TH ST MEDLEY, FL 33166-2549	Mailing Address 4551 PONCE DE LEOI CORAL GABLES, FL 3						1101k <b>3</b> 10k1 0801k <b>0</b> 10	(J <b>ee</b> )    Jee
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	<del></del>		a di m				
Suite, Apt. #, etc. Suite. Apt. #, etc.				04122007	Chg-P	CR2E	034 (12/06)	
City & State City & State				4. FEI Number 59-135350	7			pplied For ot Applicable
Zip Country	Zip	Country		5. Certificate of Sta	•		\$8.75 Add	litional
C. Name and Address of Current	Pagistared Agent	1		7. Name and Add	acc of New P	anieteran	<u> </u>	
6. Name and Address of Current Registered Agent				7. Name and Add	ess of New Ki	egistered	Agent	
A & A REGISTERED AGENT, INC 4551 PONCE DE LEON BLVD			Name Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES, FL 33146								-
·						F	L Zip Cod	е
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent.	and title if applicable. (140	DE: Registered Agent sign	stare required v	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Camp Trust Fund Cor		<b>\$5.0</b> Adde	00 May Be d to Fees				
After May 1, 2007 Fee will be \$550.	OO Trust Fund Cor		<b>\$5.</b> (	00 May Be d to Fees ADDITIONS/CHA	NGES TO OFFI	ICERS AN	ND DIRECTOR	S IN 11
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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.

THILE

NAME

STREET ADDRESS

CITY - ST-ZIP

SIGNATURE: \_\_\_

TITLE

STREET ADDRESS

CITY - S1- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

# 75/D+ (305)221 · 7 | 1 C Daytime Proce #

☐ Change

Addition