

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90022 050 ***150.00

DOCUMENT # P00000050023 1. Entity Name B.A. GARAGE DOORS, INC.					
Principal Place of Business 7360 SW 40 ST MIAMI, FL 33155			Mailing Address 7360 SW 40 ST MIAMI, FL 33155		
2. Principal Place of Business 7360 SW 40 St Suite, Apt. #, etc.		3. Mailing Address 7360 SW 40 St Suite, Apt. #, etc.			
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0489863	
Zip 33155		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENAVIDES ARMANDO 4285 SW 75 AVE. MIAMI, FL 33155				7. Name and Address of New Registered Agent Name Benavides Armando Street Address (P.O. Box Number is Not Acceptable) 7360 SW 40 St City Miami FL Zip Code 33155	
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 <u><i>B. Benavides</i></u> DATE 3-17-06 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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENAVIDES ARMANDO 4285 SW 75 AVE. MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benavides Armando 7360 SW 40 St Miami FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENAVIDES PATRICIA 4285 SW 75 AVE. MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benavides Patricia 7360 SW 40 St Miami FL 33155	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: <u><i>B. Benavides</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/17/06 Daytime Phone # 305-553-2824		