## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000106800

Entity Name: WEST PALM INSTALLERS, INC.

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6819 NW 84 AVE. 8269 NW 66 ST DORAL, FL 33166 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

6819 NW 84 AVE. 8269 NW 66 ST DORAL, FL 33166 MIAMI, FL 33166

FEI Number: 65-1054925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTALVO, LUIS A
6819 NW 84 AVE.

DORAL, FL 33166 US

MONTALVO, LUIS A
8269 NW 66 ST
MIAMI, FL 33166 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: LUIS A MONTALVO 03/20/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 MONTALVO, LUIS A
 Name:
 MONTALVO, LUIS A

 Address:
 6819 NW 84 AVE.
 Address:
 8269 NW 66 ST

Address: 6819 NW 84 AVE. Address: 8269 NW 66 ST City-St-Zip: DORAL, FL 33166 City-St-Zip: MIAMI, FL 33166

 Title:
 V
 ( ) Delete
 Title:
 V
 ( X) Change ( ) Addition

 Name:
 ESTEVEZ, MIGDALIA
 Name:
 ESTEVEZ, MIGDALIA

 Name:
 ESTEVEZ, MIGDALIA
 Name:
 ESTEVEZ, MIGDAL

 Address:
 6819 NW 84 AVE.
 Address:
 8269 NW 66 ST

 City-St-Zip:
 DORAL, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 ALVAREZ, HECTOR A
 Name:
 ALVAREZ, HECTOR A

 Address:
 9250 SW 28 ST
 Address:
 8269 NW 66 ST

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS A MONTALVO P 03/20/2008