

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000008125

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: YALE OGRON WINDOWS AND DOORS, INC.

**Current Principal Place of Business:**

671 W. 18TH ST.  
HIALEAH, FL 330102480

**New Principal Place of Business:**

**Current Mailing Address:**

671 W. 18TH ST.  
HIALEAH, FL 330102480

**New Mailing Address:**

FEI Number: 65-1075749      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBISON, JAMES S  
671 W. 18TH STREET  
HIALEAH, FL 330102480 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VALLADARES, MANUEL  
Address: 671 W. 18TH ST.  
City-St-Zip: HIALEAH, FL 330102480

Title: STD ( ) Delete  
Name: ROBISON, JAMES S  
Address: 671 W. 8TH STREET  
City-St-Zip: HIALEAH, FL 330102480

Title: D ( ) Delete  
Name: OGRON, YALE  
Address: 671 W. 18TH STREET  
City-St-Zip: HIALEAH, FL 330102480

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES S. ROBISON

STD

01/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date