

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90021 023 ***150.00

DOCUMENT # P02000062588
 1. Entity Name
ALL GRAND GARAGE DOORS, CORP.



44011070

Principal Place of Business: 9901 NW 80TH AVE 3-A HIALEAH GARDENS, FL 33016
 Mailing Address: 9901 NW 80TH AVE 3-A HIALEAH GARDENS, FL 33016



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02162004 Chg-P CR2E034 (10/03)

4. FEI Number: 38-3651785 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: AUREDES, REMALDO S, 5531 SW 112TH AVE #114, MIAMI, FL 33178
 7. Name and Address of New Registered Agent: PAREDES, REYNALDO S., Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

Please correct name.

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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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: PD NAME: PAULINO, FRANCISCO STREET ADDRESS: 9901 NW 80TH AVE #3-A CITY-ST-ZIP: HIALEAH, FL 33016	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: PAREDES, REINALDO S STREET ADDRESS: 5531 NW 112TH AVE #11A CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LUGO, MARGARITA M STREET ADDRESS: 5531 NW 112TH AVE #11A CITY-ST-ZIP: MIAMI, FL 33178	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Margarita M Lugo* Date: *2/18/04* Daytime Phone #: *305 819 5859*