

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90090 041 ***550.00

0022597 AV

DOCUMENT # P02000062588

1. Entity Name
ALL GRAND GARAGE DOORS, CORP.



Principal Place of Business
**6965 WEST 2 WAY
HIALEAH FL 33014**

Mailing Address
**6965 WEST 2 WAY
HIALEAH FL 33014**



2. Principal Place of Business
9901 NW 80 Ave.

3. Mailing Address
9901 NW 80 Ave.

Suite, Apt. #, etc.
3-A

CHECK HERE IF MAKING CHANGES

City & State
Hialeah Gardens, FL

City & State
Hialeah Gardens, FL

Zip
33016

Country

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

PAREDES, REINALDO S
9615 N.W. 1 COURT APT. 103
PEMBROKE PINES FL 33024

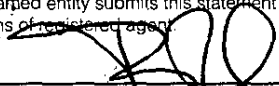
7. Name and Address of New Registered Agent

Name ~~Paredes, Remaldo S~~

Street Address (P.O. Box Number is Not Acceptable)
5531 NW 112 Ave #114

City **Miami** FL Zip Code **33178**

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:  **Reinaldo S. Paredes**

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULINO, FRANCISCO 6965 WEST 2 WAY HIALEAH FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULINO, CATHERINE K 6965 WEST 2 WAY HIALEAH FL 33014	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAREDES, REINALDO S 9615 N.W. 1 COURT, APT. 103 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUGO, MARGARITA M 9615 N.W. 1 COURT, APT. 103 PEMBROKE PINES FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	9901 NW 80 Ave #3-A Hialeah Gardens, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	no longer working	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5531 NW 112 Ave #114 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer 5531 NW 112 Ave #114 Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 Lugo** Date **9/5/03** Daytime Phone # **(305) 895 855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)