2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2007 8:00 am Secretary of State

DOCUMENT # P03000106725 1. Entity Name HOWARD MINAMI GARAGE DOORS INC.					05-17-2007 90034 008 ***150.00				
Principal Plac	ce of Business	Mailing Address	•	.]	1.				
9 Barkwooi Palm Coast		9 BARKWOOD LN PALM COAST, FL 32137	•.	.					
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2 Principal P	Place of Business - No.P.O. Box #	3. Mailing Address							
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			05012007	Chg-P	CR2E034 (1	2/06)	
Palm (COAST FL	Palm Coas	I FL	_	4. FEI Number 20-0190	 371		Applied Fo	
Zip 321	Country	Zip 32137	Country		5. Certificate o	Status Desired		5 Additional equired	Ţ.
١-٠٠	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New I	Registered Agent	equired	ř.
LANCHALI	ICEO MADVA		Name						
	JSER, MARY M VOOD LANE	Street Ad	ddress (P	O. Box Number	is Not Acceptab	e)	·· · · ·		
PALM CO	AST, FL 32137			, , , , , ,				<u> </u>	
	City	FL Zip Code					_		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or	registere	ed agent, or both	in the State of F	orida. I am familia	r with, and acc	epi
SIGNATURE	Signature, typed or printed harne of registered agent	and title if applicable (NOTE: R	Registered Agent signatu	re required y	uman rainetetana)		DATE	SAREN EST -	
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2. 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 if 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 Au	Howard TMinaMI	5-107	(386)447-372
" SIGNATURE AND TYPED OR PRINTED	NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #