2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90028 007 ***150.00

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02032004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000108027

1. Entity Name
PEETZ WINDOWS AND DOORS, INC.

Principal Place of Business	Mailing Address
6560 SW 38TH STREET MIAMI, FL 33155	6560 SW 38TH STREET MIAMI, FL 33155

2. Principal Place of Business		3. Mailing Address	
		5783 S.W. 40 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PMB 220	
City & State		City & State MIAMI, FLORIDA	
Zip	Country	Zip 33155	Country MIAMI-DADE

4. FEI Number 90 0116655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMEIJEIRAS, ENEYDA 5783 SW 40 STREET MIAMI, FL 33155	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT CHRISTIAN, PEETZ 6560 SW 38TH STREET MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMEIJEIRAS, ENEYDA 6560 SW 38TH STREET MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] — ENEYDA AMEIJEIRAS 03/30/04 305-665-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #