## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

## **Secretary of State DOCUMENT # P04000018605** 02-08-2005 90061 001 \*\*\*150.00 1. Entity Name 02-08-2005 90061 002 \*\*\*\*\*8.75 GENERAL WOOD DOORS, CORP. Principal Place of Business Mailing Address 3604 SW 93 AVE 3604 SW 93 AVE 66001368 MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Country Zip\_\_\_\_ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELTER, JORGE J Street Address (P.O. Box Number is Not Acceptable) 3604 SW 93 AVE MIAMI, FL 33165 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME BEITER, JORGE J NAME STREET ADDRESS 3604 SW 93 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE · 🔲 Delete TITLE ☐ Change Addition NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 oeth; 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.

FILED

Feb 08, 2005 8:00 am