

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000090857

FILED  
Sep 16, 2009  
Secretary of State

Entity Name: AARON WINDOW INSTALLER , CORP.

**Current Principal Place of Business:**

47 WEST 23 STREET  
47  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

47 WEST 23 STREET  
47  
HIALEAH, FL 33010 US

**New Mailing Address:**

FEI Number: 26-3508854      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL VALLE, LAZARO  
47 WEST 23 STREET  
47  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEL VALLE, LAZARO  
Address: 47 WEST 23 STREET APT 47  
City-St-Zip: HIALEAH, FL 33010 US

Title: VP ( ) Delete  
Name: PEDRAZA, LUIS  
Address: 8641 SW 117 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO DEL VALLE

P

09/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date