

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000029400

FILED
Feb 08, 2007
Secretary of State

Entity Name: ADCO OVERHEAD GARAGE DOORS, INC.

Current Principal Place of Business:

17344 SW 7TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17344 SW 7TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 65-0908315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FERNANDEZ, HUMBERTO
17344 SW 7ST
PEMBROKE PINES, FL 33029 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, HUMBERTO
Address: 17344 SW 7TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: V () Delete
Name: FERNANDEZ, SILVIA
Address: 17344 SW 7 ST
City-St-Zip: PEUBEAKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: FERNANDEZ, SILVIA
Address: 17344 SW 7 ST
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: HUMBERTO FERNANDEZ

PRES

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date