2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURÌ

Feb 17, 2006 08:00 AM Secretary of State DOCUMENT # V53388 ARCHITECTURAL HARDWARE AND SERVICE, INC. Principal Place of Business Mailing Address 4666 SUNSET DRIVE MIAMI FL 33143 4666 SUNSET DRIVE **MIAMI FL 33143** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0348005 Not Applicable Zip Ζιp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RENUART, SALLY K. 4666 SUNSET DR. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33143** 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 reinstatical) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete SHE Change Marie... RENUART, SALLY K. NAME NAME STREET ADDRESS 4666 SUNSET DR. STREET ADDRESS *U*000000433352 CITY-ST-ZIP MIAMI FL CHY-ST-21P 03/01/06-80002-020 150.00 PD TITLE Delete Change ☐ Addition RENUART, LEO C NAME NAME STREET ADDRESS 4666 SUNSET DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CHY-SI-IP TITLE ☐ Detete ☐ 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 Blif ☐ Change Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CXY-ST-ZIP Cary-ST-ZP MILE ☐ Defete 1331.6 Change ☐ Addition NAME NAME STREET ABORESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information subbled with this filing does not qualify for the exemptions contained in Section 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 I am an officer or director of the corporation or the receiver or trustife 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 at address, with all other like empowered.

LEO C. RENUART

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2/15/06 305-6614227