2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 8:00 am
Secretary of State
06-15-2004 90003 013 ***158.75
07-13-2004 90008 025 ***400.00

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DOCUMENT # J72631

1. Entity Name
AAA ALUMINUM DOOR & WINDOW, INC.

44048206

Principal Place of Business	Mailing Address
6207 GEORGIA AVE. W. PALM BEACH, FL 33405-3917	6207 GEORGIA AVE. W. PALM BEACH, FL 33405-3917

DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2815710
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIHALKO, CRAIG
~~12670 CORAL BREEZE DR.~~ 605 Maplewood Dr.
~~WELLINGTON, FL 33414~~ Greenacres, FL 33415

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	~~STD~~
NAME	~~WHITE J.~~
STREET ADDRESS	~~5444 WHITE FEATHER TRAIL~~
CITY-ST-ZIP	~~BOYNTON BEACH, FL~~
TITLE	DP
NAME	MIHALKO, CRAIG
STREET ADDRESS	~~12670 CORAL BREEZE DR.~~ 605 Maplewood Dr
CITY-ST-ZIP	~~WELLINGTON, FL 33414~~ Greenacres, FL 33415
TITLE	Vice President, Director, SEC
NAME	De la Cruz, Walter
STREET ADDRESS	2959 Genoa Place
CITY-ST-ZIP	West Palm Beach, FL. 33406
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 6/10/04 561-533-9869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #