FILED
May 04, 2006 8:00 am
Secretary of State
04-05-2006 90017 025 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000051812

1. Entity Name
JCM WINDOWS & DOORS, LLC

30007087

03102006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
2555 E 4 AVE. #12 HIALEAH, FL 33013	2555 E 4 AVE. #12 HIALEAH, FL 33013

2. Principal Place of Business	3. Mailing Address
12275 SW 187 TER	12275 SW 187 TER
Suite, Apt. #, etc.: House	Suite, Apt. #, etc.: House
City & State: Miami, FL	City & State: Miami, FL
Zip: 33177 Country: DADE	Zip: 33177 Country: DADE

4. FEI Number 20-2912517 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTINEZ, JUAN C
2555 E 4 AVE.
APT. # 12
HIALEAH, FL 33013

7. Name and Address of New Registered Agent
Name: Juan C. Martinez
Street Address (P.O. Box Number is Not Acceptable): 12275 SW 187 TER
City: Miami FL Zip Code 33177

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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Juan C. Martinez 12275 SW 187 TER Miami FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 4/3/06 305-496-0007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #