

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

DOCUMENT # J72631

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



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

Mailing Address
6207 GEORGIA AVE.
W. PALM BEACH, FL 33405-3917

44048206



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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.
WELLINGTON, FL 33414

605 Maplewood Dr.
Green Acres, FL 33415

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IN THIS SPACE**

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

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	544 WHITE FEATHER TRAIL
CITY-ST-ZIP	BOYNTON BEACH, FL
TITLE	DP
NAME	MIHALKO, CRAIG
STREET ADDRESS	12670 CORAL BREEZE DR.
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	Vice President, Director
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	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

6/10/04

Date

561-533-9869

Daytime Phone #