



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90049 008 \*\*\*\*50.00

<b>DOCUMENT # L05000008310</b> 1. Entity Name <b>A.C. DOORS, LLC</b>					
Principal Place of Business <b>7011 WEST 29TH AVE. #116 HIALEAH, FL 33018</b>			Mailing Address <b>7011 WEST 29TH AVE. #116 HIALEAH, FL 33018</b>		
2. Principal Place of Business <b>2243 W. 80 ST.</b>		3. Mailing Address <b>2760 W. 84 STREET</b>			
Suite, Apt. #, etc. <b>#3</b>		Suite, Apt. #, etc. <b>#13</b>			
City & State <b>HIALEAH, FL.</b>		City & State <b>HIALEAH, FL.</b>			
Zip <b>33016</b>		Zip <b>33016</b>		4. FEI Number <b>20-2243594</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INTERIAN, JULIO C 7011 WEST 29TH AVE. #116 HIALEAH, FL 33018</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OMS INTERIAN, JULIO C 7011 WEST 29TH AVE. #116 HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VOMT INTERIAN, YIGANY M 7011 WEST 29TH AVE. #116 HIALEAH, FL 33018</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE: X <i>Yigany M. Interian</i> YIGANY M. INTERIAN, VOMT 01/04/06</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					