


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90242 009 \*\*\*150.00

<b>DOCUMENT # M96842</b>	
1. Entity Name <b>ROLLING DOOR COMPANY, INC.</b>	

Principal Place of Business <b>5273 SW 106TH AVE. FT. LAUDERDALE FL 33328</b>	Mailing Address <b>5273 SW 106TH AVE. FT. LAUDERDALE FL 33328</b>
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34030606



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>6741 W. Sunrise Blvd. #27</b>	3. Mailing Address <b>6741 W. Sunrise Blvd. #27</b>
Suite, Apt. #, etc. <b>Suite 27</b>	Suite, Apt. #, etc. <b>Suite #27</b>
City & State <b>Plantation, FL 33313</b>	City & State <b>Plantation, FL 33313</b>
Zip <b>33313</b>	Country <b>BROWARD</b>
Zip <b>33313</b>	Country <b>BROWARD</b>

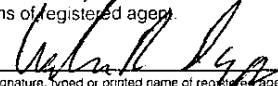
4. FEI Number <b>65-0079353</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BROWN, CRAIG 5273 SW 106TH AVE. FT. LAUDERDALE FL 33328</b>
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7. Name and Address of New Registered Agent Name <b>William Driggers</b> Street Address (P.O. Box Number is Not Acceptable) <b>6741 W. Sunrise Blvd, Suite 27</b> <b>Plantation</b> City <b>Plantation</b> FL Zip Code <b>33313</b>
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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 **1-28-04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004: Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, CRAIG 5273 SW 106TH AVE. FT. LAUDERDALE FL <input checked="" 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Brian Birhanzi 6741 W. Sunrise Blvd, Suite 27 Plantation, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP William Driggers 6741 W. Sunrise Blvd, Suite 27 Plantation, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  President DATE **1-27-04** 954-327-0123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #