

**FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90175 026 ***150.00

DOCUMENT # **PO1000007448**

1. Entity Name

A-1 DOOR CONTROLS CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18331 NE 4TH CT.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

4. FEI Number

65-1080440

Applied For

Not Applicable

Zip

33179

Country

DADE

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JOSEPH VALENZANO**

Street Address (P.O. Box Number is Not Acceptable)

18331 NE 4TH CT.

City **MIAMI**

FL

Zip Code

33179

**DO NOT WRITE
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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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	PRESIDENT JOSEPH VALENZANO 18331 NE 4TH CT MIAMI FL. 33179	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06 305-770-3448

Date

Daytime Phone #