

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008125

1. Entity Name
YALE OGRON WINDOWS AND DOORS, INC.



Principal Place of Business
671 W. 18TH ST.
HIALEAH, FL 33010-2480

Mailing Address
671 W. 18TH ST.
HIALEAH, FL 33010-2480

06 APR 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSC



2. Principal Place of Business

8130 NW 74th AVE
Suite, Apt. #, etc.

3. Mailing Address

SAME

04062006 Chg-P CR2E034 (11/05)

City & State

MEDLEY, FLORIDA

City & State

FL

4. FEI Number

65-1075749

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBISON, JAMES S
671 W. 18TH STREET
HIALEAH, FL 33010-2480

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME VALLADARES, MANUEL
STREET ADDRESS 671 W. 18TH ST.
CITY-ST-ZIP HIALEAH, FL 330102480 ☐ Delete

TITLE STD
NAME ROBISON, JAMES S
STREET ADDRESS 671 W. 18TH STREET
CITY-ST-ZIP HIALEAH, FL 330102480 ☐ Delete

TITLE D
NAME OGRON, YALE
STREET ADDRESS 671 W. 18TH STREET
CITY-ST-ZIP HIALEAH, FL 330102480 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 8130 NW 74th AVE
STREET ADDRESS MEDLEY FL 33166 ☒ Change ☐ Addition

TITLE
NAME 8130 NW 74th AVE
STREET ADDRESS MEDLEY, FL 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 full power like empowered.

SIGNATURE:

JAMES S. ROBISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06

305-887-2646

Date

Daytime Phone #