

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91013 013 ***150.00

DOCUMENT # P01000056243

1. Entity Name
SAM'S WINDOWS AND DOORS, INC.



Principal Place of Business
6712 DOGWOOD DR
MIRAMAR, FL 33023

Mailing Address
6712 DOGWOOD DR
MIRAMAR, FL 33023

34044330



04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

641 SW 94 AV
Suite, Apt. #, etc.

3. Mailing Address

641 SW 94 AV
Suite, Apt. #, etc.

City & State

PEMBROKE PINES FL
Zip 33025 Country U.S.

City & State

PEMBROKE PINES FL
Zip 33025 Country U.S.

4. FEI Number
65-1106455

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANOMAR, DHARAMDATH
6712 DOGWOOD DR
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name
HANOMAR DHARAMDATH
Street Address (P.O. Box Number is Not Acceptable)
641 SW 94 AV
PEMBROKE PINES FL 33025
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]

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

DATE

4-18-04

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 P
NAME HANOMAN, DHARAMDATH
STREET ADDRESS 6712 DOGWOOD DR
CITY-ST-ZIP MIRAMAR, FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-04

Date

(954) 9143284

Daytime Phone #