
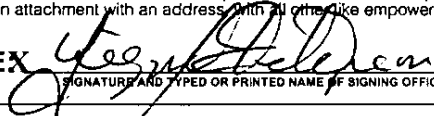


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90082 030 \*\*\*150.00

<b>DOCUMENT # P01000067913</b> 1. Entity Name <b>DOORS &amp; PLUS, INC.</b>					
Principal Place of Business <b>2760 W. 84 ST. #13 HIALEAH, FL 33016-5755</b>			Mailing Address <b>2760 W. 84 ST. #13 HIALEAH, FL 33016-5755</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number <b>65-1119368</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>INTERIAN, JULIO CESAR 7011 WEST 29 AVE- ST HIALEAH, FL 33018</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>INTERIAN, JULIO CESAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>8924 NW 146 TERRACE</b> City <b>MIAMI LAKES, FL.</b> <b>FL</b> Zip Code <b>33018</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD INTERIAN, JULIO CESAR 7011 WEST 29TH AVE #116 HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD INTERIAN, JULIO CESAR 8924 NW 146 TERRACE MIAMI LAKES, FL. 33018139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INTERIAN, YIGANY MELVIS 7011 WEST 29TH AVE #116 HIALEAH, FL 33018		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT INTERIAN, YIGANY MELVIS 8924 NW 146 TERRACE MIAMI LAKES, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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 all other like empowered.					
<b>SIGNATURE</b> 			<b>YIGANY M. INTERIAN, TREAS.</b> <b>1/29/07</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		