


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

02-10-2005 90049 007 ***150.00

DOCUMENT # P01000104788		
1. Entity Name FREDY'S WINDOWS & DOORS, INC.		

Principal Place of Business 14355 S W 57TH APT #8 MIAMI, FL 33183	Mailing Address 14355 S W 57TH APT #8 MIAMI, FL 33183
---	---

66003475



2. Principal Place of Business 14355 SW 57 LANE		3. Mailing Address Same	
Suite, Apt. #, etc. #8		Suite, Apt. #, etc. Same	
City & State MIAMI, Florida.		City & State	
Zip 33183	Country Dade	Zip	Country

02232005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1150955	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SOTO, FREDY 14355 S W 57TH APT #8 MIAMI, FL 33183		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOTO, FREDY		NAME	
STREET ADDRESS 14355 S W 57TH APT #8		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33183		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Fredy A. Soto**  02.28.05 (305) 401-2426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66003475

DEPARTMENT OF STATE	
FOR DEPOSIT ONLY	
ACCT # 1009068798	
FEB 10 2005	
U.S. DEPT. OF STATE - OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AFFAIRS 1000 WASHINGTON BLVD., NW, ROOM 5117-100 WASHINGTON, D.C. 20541-5117	