

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000115299

1. Entity Name  
CANTERA DOORS FLORIDA, INC.



Principal Place of Business  
25241 BERNWOOD DR.  
SUITE 8  
BONITA SPRINGS, FL 34135

Mailing Address  
3698 RR 620 SOUTH  
SUITE 102  
AUSTIN, TX 78738

**FILED**  
**Aug 06, 2008 08:00 AM**  
**Secretary of State**



07232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
74-3024436

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

QUINONEZ, JEANNETTE  
25241 BERNWOOD DRIVE  
SUITE 8  
BONITA SPRINGS, FL 34135

**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)

U000000957248  
08/06/08-80005-024 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME TREVINO, MAURICIO  
STREET ADDRESS 25241 BERNWOOD DR., SUITE 8  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE T  
NAME TREVINO, LAURA  
STREET ADDRESS 25241 BERNWOOD DR #8  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: \_\_\_\_\_

MAURICIO TREVINO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 07/24/2008 (512) 263-8881  
Date