

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
- Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000032516 1. Entity Name FIRST QUALITY WINDOWS & DOORS, INC.	
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Principal Place of Business 18999 BISCAYNE BLVD. AVENTURA, FL 33180	Mailing Address 18999 BISCAYNE BLVD. AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2034730	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MACKEN, ALAN 18999 BISCAYNE BLVD. AVENTURA, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable

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	U0000001D1791 04/02/04-80027-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MACKEN, ALAN 18999 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VERZURA, ANDREW 18999 BISCAYNE BLVD. AVENTURA, FL 33180
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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 exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/12/04 305-466-2900 Date Daytime Phone #
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