## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # P02000059441** 1. Entity Name 04-09-2004 90029 028 \*\*\*150.00 SPECIALIST GARAGE DOOR, INC. Principal Place of Business Mailing Address 9324 WEDGE WOOD LN. TAMARAC FL 33321 9324 WEDGE WOOD LN. ひみひせひかかひ TAMARAC FL 33321 2. Principal Place of Business Un Tomorou 3. Mailing Address CJ32U DDOMOSuite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 03-0454025 DIDMOT LODE JIMONC Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SALGADO, OLMEDO Street Address (P.O. Box Number is Not Acceptable) 9324 WEDGE WOOD LN. TAMARAC FL 33321 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, the obligations of registered agent. not and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PTD Delete TITLE ☐ Change Addition SALGADO, OLMEDO NAME NAME STREET ADDRESS 6960 S.W. 20TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33068 CITY-ST-ZIE Delete TITLE Change Addition DHE NAME SALGADO, ALIRIO NAME 9324 WEDGE WOOD LN. STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition □ Change NAME SALGADO, YULIETH NAMÉ STREET ADDRESS 9324 WEDGE WOOD LN. STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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

**FILED**