

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 037 ***150.00

DOCUMENT # P02000059441 1. Entity Name SPECIALIST GARAGE DOOR, INC.					
Principal Place of Business 7823 SUNFLOWER DR MARGATE, FL 33063			Mailing Address 7823 SUNFLOWER DR MARGATE, FL 33063		
2. Principal Place of Business - No P.O. Box # 1213 SW. 81 TERR Suite, Apt. #, etc.		3. Mailing Address 1213 SW. 81 TERR. Suite, Apt. #, etc.			
City & State No. Lauderdale, FL Zip 33068 Country USA		City & State No. Lauderdale, FL Zip 33068 Country USA		4. FEI Number 03-0454025	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BORJA, YULIETH 7823 SUNFLOWER DR MARGATE, FL 33063					
7. Name and Address of New Registered Agent Name Alirio Salgado Street Address (P.O. Box Number is Not Acceptable) 1213 SW. 81 TERR. City No. Lauderdale FL Zip Code 33068					
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: AGENT 5/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Florida Dept. State.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORJA, YULIETH 7823 SUNFLOWER DR MARGATE, FL 33063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. Alirio Salgado 1213 SW. 81 TERR. No. Lauderdale, FL 33068	
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	
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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: PRES 5/20/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					