

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 006 ***150.00

DOCUMENT # P02000059751					
1. Entity Name AUTOMATIC.GARAGE.DOOR.INC.					
Principal Place of Business 9830 SW 54 ST. MIAMI, FL 33165			Mailing Address 9830 SW 54 ST. MIAMI, FL 33165		
2. Principal Place of Business 1525 NE 180 ST Suite, Apt. #, etc.		3. Mailing Address 1525 N.E 180 ST Suite, Apt. #, etc.			
City & State CITRA FL.		City & State CITRA FL.		4. FEI Number 75-3062977	
Zip 32113		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANDOMO, FERNANDO B 9830 SW 54ST MIAMI, FL 33165			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1525 NE 180 ST City CITRA FL Zip Code 32113		
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANDOMO, FERNANDO B 9830 SW 54ST MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1525 N.E. 180 ST CITRA FL. 32113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BANDOMO, SORANGEL 9830 SW 54ST MIAMI, FL 33165		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1525 N.E 180 ST CITRA FL. 32113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1922 7.5E US HWY 301 HAWTHORNE FL. 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	19227. SE. US HWY 301 HAWTHORNE FL. 32640		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:			4-15-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		