


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91010 011 ***150.00

DOCUMENT # P02000069234
 1. Entity Name
NEW CENTURY DOOR INC.



Principal Place of Business Mailing Address
15050 SW 103 TERR STE 7208 MIAMI, FL 33196 **15050 SW 103 TERR STE 7208 MIAMI, FL 33196**

34042197

2. Principal Place of Business **16531 SW 68 TERRACE**
 Suite, Apt. #, etc.
 3. Mailing Address **16531 SW 68 TERRACE**
 Suite, Apt. #, etc.



04082004 Chg-P CR2E034 (10/03)

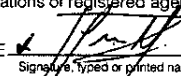
City & State ~~MIAMI, FL~~ City & State **MIAMI, FL**
 Zip **33193** Country **USA** Zip **33193** Country **USA**

4. FEI Number **36-4499700** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
RAMOS, ILEANA M
15050 SW 103 TERR STE 7208
MIAMI, FL 33196

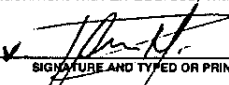
7. Name and Address of New Registered Agent
 Name **DUARTE, ILEANA M**
 Street Address (P.O. Box Number is Not Acceptable)
16531 SW 68 TERRACE
 City **MIAMI, FL** Zip Code **33193**

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:  DATE: _____
Signature, Typed or Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DVORTE, ILEANA M 15050 SW 103 TERR STE 7208 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUARTE, ILEANA M. 16531 SW 68 TERRACE MIAMI, FL, 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMOS, ILEANA M 15050 SW 103 TERR STE 7208 MIAMI, FL 33196 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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

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

SIGNATURE:  **ILEANA DUARTE** Date **04/20/04** Daytime Phone # **305 7520641**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR