## May 04, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT 05-04-2007 90091 024 \*\*\*150 00 DOCUMENT # P02000107325 1. Entity Name HIGH-RISE INSTALLATIONS, INC. 4010200-Principal Place of Business Mailing Address 2805 NW 75 AVENUE 2805 NW 75 AVENUE MIAMI, FL 33122 MIAMI, FL 33122 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 50-0006547 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUZ, VIRGINIA 2805 NW 75 AVENUE Street Add MIAMI, FL 33122 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of Signatu: 6 (NOTE Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Paredes, Eusebio CRUZ, VIRGINIA NAME NAME 2805 NW 75AVE. STREET ADDRESS 2805 NW 75 AVENUE STREET ADDRESS MIAMI, FL 33122 CITY-ST-ZIP CITY-ST-ZIP FL 33100 TITLE **⊠** Delete TITLE ☐ Change Addition PINERO, JOSE D NAME NAME STREET ADDRESS 2805 NW 75 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ENCINOSA, JUAN J NAME NAME STREET ADDRESS 2805 NW 75 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33122 CITY-ST-ZIP TITLE Casares, Raul Delete TITLE Addition NAME NAME 2805 NW 15AVE. STREET ADDRESS STREET ADDRESS MIUMI FL 33122 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP am'i 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 impowered.

SIGNATURE:

**FILED**