2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000110485

1. Entity Name

Principal Place of Business

7855 NW 46TH ST Suite 3B

MIAMI, FL 33166

SECURE WINDOWS & DOORS, INC.



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Mailing Address 7855 NW 46TH ST

SUITE 3B

MIAMI, FL 33166

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90058 008 ***158.75

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No Chg-P

CR2E034 (11/05)

FEI Number
 11-3657734

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPTON, MARTIN 7855 NW 46TH ST SUITE 3-B MIAMI, FL 33166

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LIPTON, MARTIN 7855 NW 46TH ST SUITE 3-B MIAMI, FL 33166		DO NOT WRITE			
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12. hereby	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					

12. I hereby certify that the information supplied with this filing does not quality 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 direction 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

SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN Lipton

Daytime Phone #