

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90210 045 ***150.00

DOCUMENT # P02000118600

1. Entity Name
AMERICA'S AWNINGS, INC.



Principal Place of Business
**9504 S.W. 162ND PATH
MIAMI, FL 33196**

Mailing Address
**9504 S.W. 162ND PATH
MIAMI, FL 33196**

94070330



2. Principal Place of Business
2200 W. 80 STREET

3. Mailing Address

Suite, Apt. #, etc.
6

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State
MIAMI, FL

City & State

4. FEI Number
04-3756650

Applied For

Not Applicable

Zip
33016

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAXON, KYLE R ESQ.
169 EAST FLAGLER STREET
1700 ALFRED 1 DUPONT BLDG
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORLA, ERNESTO**
STREET ADDRESS **9504 S.W. 162ND PATH**
CITY- ST- ZIP **MIAMI, FL 33196**

TITLE **ST** ☐ Delete
NAME **FIGUEROA, LOURDES S**
STREET ADDRESS **9504 S.W. 162ND PATH**
CITY- ST- ZIP **MIAMI, FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 (786) 200-0157
Date Daytime Phone #