

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003035

FILED  
May 26, 2007  
Secretary of State

Entity Name: ALL WINDOW & DOOR REPAIRS, INC

**Current Principal Place of Business:**

2884 NW 95 AVE.  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

2884NW 95 AVE.  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

FEI Number: 20-1331632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VELASQUEZ, CESAR  
2884NW 95 AVE.  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

VELASQUEZ, CESAR A  
2884NW 95 AVE.  
CORAL SPRINGS, FL 33065 US

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.

SIGNATURE: CESAR A. VELASQUEZ      05/26/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VELAZQUEZ, CESAR  
Address: 2884 NW 95 AVE  
City-St-Zip: CORAL SPRING, FL 33065

Title: V ( ) Delete  
Name: ORJUELA, NANCY  
Address: 2884 NW 95 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: VELAZQUEZ, CESAR A  
Address: 2884 NW 95 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR A. VELASQUEZ      P.      05/26/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date