

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90069 047 \*\*\*150.00

**60010928**



01302006 Chg-P CR2E034 (11/05)

**DOCUMENT # P03000048672**

1. Entity Name  
**PAISA CARPENTER & WINDOW INC.**

Principal Place of Business  
**920 SE 13TH STREET  
A  
CAPE CORAL, FL 33990**

Mailing Address  
**920 SE 13TH STREET  
A  
CAPE CORAL, FL 33990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**1622 NW 5 TERR**

Suite, Apt. #, etc.  
**1622 NW 5 TERR**

City & State  
**Cape Coral FL**

City & State  
**Cape Coral FL**

Zip  
**33993**

Country

Zip  
**33993**

Country

4. FEI Number  
**14-1882228**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MUNOZ, JUAN F  
920 SE 13TH STREET  
A  
CAPE CORAL, FL 33990**

7. Name and Address of New Registered Agent

Name  
**MUNOZ, JUAN F**

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

**1622 NW 5 TERR.**

City  
**Cape Coral**

State  
**FL**

Zip Code  
**33993**

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]* DATE **1-30-06**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00  
After May 1, 2006 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 <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUNOZ, JUAN F</b>		NAME <b>MUNOZ, JUAN F</b>	
STREET ADDRESS <b>920 SE 13TH STREET APT # A</b>		STREET ADDRESS <b>1622 NW 5TH TERR.</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		CITY-ST-ZIP <b>CAPE CORAL FL 33993</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUNOZ, ELIZABETH</b>		NAME <b>MUNOZ, ELIZABETH</b>	
STREET ADDRESS <b>920 SE 13TH STREET APT # A</b>		STREET ADDRESS <b>1622 NW 5TH TERR</b>	
CITY-ST-ZIP <b>CAPE CORAL, FL 33990</b>		CITY-ST-ZIP <b>CAPE CORAL FL 33993</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: *[Signature]* DATE **1-30-06** DAYTIME PHONE **(239) 340-4317**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR