


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

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| DOCUMENT # P03000059811 1. Entity Name ABOVE & BEYOND GARAGE DOORS, CORP. | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 5690 WASHINGTON ST HOLLYWOOD, FL 33023 | | Mailing Address P.O. BOX 127622 HIALEAH, FL 33012 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 7512 NW 55 STREET Suite, Apt. #, etc. | | 3. Mailing Address 7512 NW 55 STREET Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI, FL | | City & State MIAMI, FL | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33166 | Country U.S.A. | Zip 33166 | Country USA. | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 56-2362810 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent URREA, LUIS A 535 NE 10 AVE FT LAUDERDALE, FL 33301 | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PTD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>URREA, LUIS A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>535 NE 10 AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT LAUDERDALE, FL 33301</td> <td></td> </tr> </table> | | TITLE | PTD | <input type="checkbox"/> Delete | NAME | URREA, LUIS A | | STREET ADDRESS | 535 NE 10 AVE | | CITY - ST - ZIP | FT LAUDERDALE, FL 33301 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
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| 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: _____ | | Date 4/13/06 Daytime Phone # _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | | | | | | | | | | | | | | | | | | | | |