


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90186 037 ***150.00

DOCUMENT # P03000097830	
1. Entity Name UNITED WOOD DOORS, INC.	

Principal Place of Business 548 WEST 27 ST. HIALEAH, FL 33010	Mailing Address 548 WEST 27 ST. HIALEAH, FL 33010
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44047414

2. Principal Place of Business 1130 W 23 ST	3. Mailing Address 1130 W 23 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07022004 Chg-P CR2E034 (10/03)

City & State HIALEAH, FLORIDA	City & State HIALEAH, FLORIDA
Zip 33010	Country USA
Zip 33010	Country USA

4. FEI Number 65-1204599	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 MOYA, JUAN 544 WEST 27 ST. HIALEAH, FL 33010	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1130 W 23 ST City HIALEAH FL Zip Code 33010	

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  **PRESIDENT** DATE **7-2-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOYA, JUAN 544 WEST 27 ST. HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1130 W 23 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **JUAN MOYA, PRESIDENT** DATE **7/2/04** (325) 885-3404
Signature and typed or printed name of signing officer or director