## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Ricardo Herandez

## Mar 19, 2004 8:00 am DOCUMENT # P03000140068 **Secretary of State** 1. Entity Name 03-19-2004 90065 020 \*\*\*150.00 PIONEER DOOR'S INC. Principal Place of Business Mailing Address 8365 W 26 AVE 8365 W 26 AVE . . . . . . . . . . HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 30-0219292 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, RICARDO 10720 SW 38 STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33165 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, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. X Change ☐ Addition TITLE TITLE □ Delete Hernandez, Ricardo HERANDEZ, RICARDO NAME NAME 10720 S.W. 38 st 10720 SW 38 ST STREET ADDRESS STREET ADDRESS 33165 CITY-ST-ZIP **MIAMI FL 33165** CITY-ST-ZIP miami Fl TITLE Change ☐ Addition TIT) F Delete VELESCOZ, BERNARDO NAME 12256 SW 10 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33184 Change ☐ Addition ☐ Delete TITLE TITLE vascon seles Omar NAME VASCONSELES, OMAR NAME 2294W74 st APT- 101 STREET ADDRESS STREET ADDRESS 2294 W 74 ST APT 101 CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33016 Hialezh 33016 ☐ Change Addition ☐ Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 feoligied 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.

FILED

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