

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-13-2004 90020 046 ***150.00

DOCUMENT # P03000143105 1. Entity Name CLARO DOOR INSTALLATION, INC.					
Principal Place of Business 10271 SW 49TH STREET MIAMI, FL 33165			Mailing Address 10271 SW 49TH STREET MIAMI, FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03192004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 73-1686915				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAZ, CLARO C 10271 SW 49TH STREET MIAMI, FL 33165			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 except the obligations of registered agent.					
SIGNATURE _____ 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 After May 1, 2004 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 NAME STREET ADDRESS CITY- ST- ZIP	PTD PAZ, CLARO C 10271 SW 49TH STREET MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PAZ, MARIA 10271 SW 49TH STREET MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	☐ Delete			
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: <i>Claro C. Paz</i> PRESIDENT 4/8/04 305-262-1777 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #		