

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000156104**

1. Entity Name  
**EXTREME WINDOWS & DOORS, INC.**



6/

**FILED  
Jun 21, 2005 8:00 am  
Secretary of State**

06-09-2005 90002 031 \*\*\*158.75

Principal Place of Business  
**914 HARVERHILL ROAD  
WEST PALM BEACH, FL 33415**

Mailing Address

**914 HARVERHILL ROAD  
WEST PALM BEACH, FL 33415**

2. Principal Place of Business  
**348 SHADY LANE RD**

Suite, Apt. #, etc.

3. Mailing Address  
**348 SHADY LANE RD**

Suite, Apt. #, etc.

City & State  
**LAKE WORTH, FL**

City & State  
**LAKE WORTH, FL**

Zip  
**33461**

Zip  
**33461**

Country  
**U.S.A.**

05262005 Chg-P CR2ED34 (10/03)

4. FEI Number  
**20-0519105**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUZON, RUBEN  
914 HARVERHILL ROAD  
WEST PALM BEACH, FL 33415**

Name  
**BRUZON, RUBEN**

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

**348 SHADY LANE RD  
City  
LAKE WORTH,**

**FL Zip Code  
33461**

7. 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.

**RUBEN BRUZON- PRESIDENT**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaming)

DATE

**FILE NOW!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P**  
NAME  
**BRUZON, RUBEN**  
STREET ADDRESS  
**914 HARVERHILL ROAD**  
CITY-ST-ZIP  
**WEST PALM BEACH, FL 33415**

Delete

TITLE  
**P**  
NAME  
**BRUZON, RUBEN**  
STREET ADDRESS  
**348 SHADY LANE RD**  
CITY-ST-ZIP  
**LAKE WORTH, FL 33461**

Change  Addition

TITLE  
**V**  
NAME  
**CAMAYD, ALIUSKA**  
STREET ADDRESS  
**914 HARVERHILL ROAD**  
CITY-ST-ZIP  
**WEST PALM BEACH, FL 33415**

Delete

TITLE  
**V**  
NAME  
**CAMAYD, ALIUSKA**  
STREET ADDRESS  
**348 SHADY LANE RD**  
CITY-ST-ZIP  
**LAKE WORTH, FL 33461**

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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CITY-ST-ZIP

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Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: **

**RUBEN BRUZON- PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/15/05**

Day

**(561)434-0325**

Daytime Phone #