2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Mar 29, 2005 8:00 am Secretary of State

1. Entity Name			02-28-2005 90240 017 ***150.00	
P & R GARAGE DOORS CORP.				
Principal Place of Business Mailing Address			7	
4591 W BTH HIALEAH FL	CT . 33012	4591 W 8TH CT HIALEAH FL 33012		a program on blow posal door warm brow program also, and deline object (allest in 1881)
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State	Ð	City & State		4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired Sa.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
ROMERO, PEDRO				
4591 W 8TH CT HIALEAH FL 33012		Street Address	(P.O. Box Number is Not Acceptable)	
J			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 Spreame, typed or presed name of registered agent and ide if applicable (NOTE Registered Agent agreezer required when revisitions) DATE				
FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1 2005 Fee Will Be \$550.00 Added to Fees				
	k Payable to Florida Departmen	of State	_	Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PT ROMERO, PEDRO	☐ Delete	. TITLE	Change Addition
STREET ADDRESS CITY-ST-ZIP	4591 W 8TH CT HIALEAH FL 33012	- 	STREET ADDRESS CITY-ST-ZIP	
INTE	vs	☐ Delete	. TITLE	☐ Change ☐ Addition
name Street address	GARCIA, RITA 4591 W 8TH CT		NAME STREET ADDRESS	
CITY-SI-ZP	HIALEAH FL 33012		CITY-SI-ZIP	i
TIPLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	- <u>-</u> -		NAME	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-S1-ZBP	
TITLE MAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	<u>•</u>
TITLE	,	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS	•		NAME STREET ADDRESS	
CITY-ST-ZIP	•		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street address	
CITY-ST-ZIP			CITY-ST-ZIP	
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.				
Cuandar.	, or on an attachment with an addres	ts, with all other tike empowered.		<u>.</u> .
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}	TURE: Follow	SS, WITH BILL OTHER BIRD ENDOWNED OFFICER OF FRONTED NAME OF SHOWING OFFICER OF THE PLANT OFFICER OF THE PLANT OFFICER		27/15/05 (3-5) 8/8-6600 Device Phone 4