2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Mar 06, 2006 08:00 AM DOCUMENT # P04000021003 **Secretary of State** 1. Entity Name P & R GARAGE DOORS CORP. Principal Place of Business Mailing Address 4591 W 8TH CT HIALEAH FL 33012 4591 W 8TH CT HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 54-2142076 Not Applicable Zιρ Zφ Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROMERO, PEDRO Street Address (P.O. Box Number is Not Acceptable) 4591 W 8TH CT HIALEAH FL 33012 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CATE FILE NOW !!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 \$5.00 May 8a Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME ROMERO, PEDRO NAME STREET ADDRESS 4591 W BTH CT STREET ADDRESS U000004583**81** CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP U3. 17. U5 BUU43 DU2 Change Of C Addition TIRE ٧S Delete TITLE NAME GARCIA, RITA NAME STREET ADDRESS 4591 W 8TH CT STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33012 CITY-ST-ZIP BILL ☐ Detete ☐ Change ∧ddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZAP MILE ☐ Delete 717) F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cartify 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on air affactment with ap andress, with all other time empowered.

FILED