

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000038831

**FILED**  
**Nov 27, 2012**  
**Secretary of State**

**Entity Name:** GUARDIOLA GARAGE-SLIDING DOOR AND WINDOW INSTALLATION, INC.

**Current Principal Place of Business:**

629 S. WILDFLOWER CT.  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

629 S WILDFLOWER CT.  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 81-0646704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUARDIOLA, SAMUEL  
629 S. WILDFLOWER CT.  
LONGWOOD, FL 32750 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUARDIOLA, SAMUEL  
Address: 629 S. WILDFLOWER CT.  
City-St-Zip: LONGWOOD, FL 32750

Title: VP  
Name: GUARDIOLA-FLORES, SAMUEL SR.  
Address: 13422 GROVEVIEW WAY  
City-St-Zip: SANFORD, FL 32773

Title: TR  
Name: DELEON, JOSHUA O  
Address: 629 S. WILDFLOWER CT.  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL GUARDIOLA

P

11/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date