

FOR PROFIT CORPORATION ANNUAL REPORT

2007

DOCUMENT # **PD4000087420**

1. Entity Name

O&Y WINDOW INSTALLATION, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

3802 N.W. 121 AVE.

3. Mailing Address

3802 NW 121 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

Sunrise FL

Zip

33323

Country

US

Zip

33323

Country

US

01172006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-1226442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GUILLERMO GALVEZ

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

3805 N.W. 121 AVE.

City

SUNRISE

FL

Zip Code

33323

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/21/07

DATE

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/S GALVEZ, GUILLERMO
STREET ADDRESS	3805 N.W. 121 AVE
CITY-ST-ZIP	SUNRISE, FL. 33323
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300110268883
STREET ADDRESS	10/04/07--01036--009 **450.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/07 (954)993-2290

Date

Daytime Phone #

FILED

07 OCT -1 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

D & Y WINDOW INSTALLATION, INC.
3805 NW 121 AVE
SUNRISE, FL 33323
(954)-993-2290

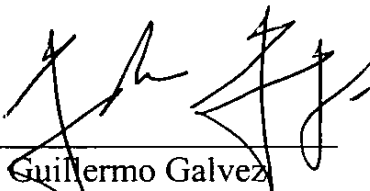
September 21, 2007

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice reminding me of the Uniform Business Report of my company D & Y Window Installation, Inc. with Document # P04000087420. Along with this letter you will find a check in the amount of \$450.00 and my Uniform Business Report for the years of 2005 - 2007.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,


Guillermo Galvez