

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P04000114302</b>				<b>Secretary of State</b> 02-02-2005 90059 001 ***158.75	
1. Entity Name <b>AJM LOUVER, INC.</b>					
Principal Place of Business <b>166 W 25TH STREET HIALEAH, FL 33010</b>		Mailing Address <b>166 W 25TH STREET HIALEAH, FL 33010</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06292005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BONILLA, FRANCIS Frances</b> <b>531 NW 76TH TERRACE</b> <b>PEMBROKE PINES, FL 33024</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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  DATE <b>6/29/05</b>					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BONILLA, FRANCIS</b>		NAME		
STREET ADDRESS	<b>166 W 25TH STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BONILLA, GILBERT</b>		NAME		
STREET ADDRESS	<b>166 W 25TH STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BONILLA, RENE</b>		NAME		
STREET ADDRESS	<b>166 W 25TH STREET</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HIALEAH, FL 33010</b>		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: 			<b>6-29-05 (305) 805-1444</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

66024301  
AJM LOUVER, INC

HP8400011432

166 West 25th Street  
Hialeah, Florida 33010  
Phone (305) 805-1444  
Fax (305) 805-1555

DEAR FLORIDA DEPARTMENT OF STATE

I AM SORRY THAT I DON'T RECEIVE THE LETTER THAT I NEED TO DO CORRECTION AND THAT I NEED TO SIGNED THE PAPER AND RETURN IT.

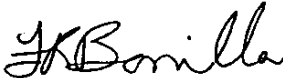
CAN YOU PLEASE PLEASE WAVE THE REINTATEMENT FEE AND ANY OTHER FEE AND MAKE THE CORRECTION IN THE COMPUTER.

AM INCLOSING A COPY OF THE CHECK THAT WAS MADE IN JANUAY FOR THE CORPORATION AND CAN YOU PLEASE MAIL ME A CERTIFICATE OF STATUS.

IF YOU HAVE ANY QUSTION YOU MAY REACH ME AT THE ABOVE TELEPHONE NUMBER AND ADDRESS.

THANK YOU !

SINCERELY,



FRANCES BONILLA

ARCHITECTURAL DOORS & FRAMES, INC.

PH: 305-805-1444 FAX 305-805-1555  
168 WEST 25TH STREET  
HIALEAH, FL 33010-1411  
"JESUS IS LOVED"

ATTACHMENT

COMMERCIAL BANK OF FLORIDA  
MIAMI, FL 33173  
63-1037/660

50009699  
8257

1/25/2005

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

6602430J  
704000114302

\$ \*\*158.75

One Hundred Fifty-Eight and 75/100\*\*\*\*\*

DOLLARS

FLORIDA DEPARTMENT OF STATE  
P.O. BOX 6850  
TALLAHASSEE, FLORIDA 32314

MEMO

*ABonilla*

AUTHORIZED SIGNATURE

⑈006257⑈ ⑆066010377⑆ ⑈9011003294⑈

⑈0000015875⑈

Architectural Doors & Frames, Inc.  
65-0861818

738001622  
2142005  
630-0019-9  
NT=0091 TRC=0091 PK=08

RIEBA JAX14  
000474 E3943 98 P06  
7 62/11/05

FEB 11 05

2215

900200

FEB 02 2005

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT. # 1009068796