


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000136726 1. Entity Name BORGES AWNINGS, CORP.	
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Principal Place of Business 11899 N.W. 91 AVE. BEI-B MIAMI, FL 33018	Mailing Address 11899 N.W. 91 AVE. BEI-B MIAMI, FL 33018
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1851427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORGES HERRERA, PABLO A 11899 N.W. 91 AVE. BEI-B MIAMI, FL 33018
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BORGES, PABLO A 11899 NW 91 AVENUE BAY-B HIALEAH, FL 33018
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05/30/06-80006-018 550.00

**DO NOT WRITE
IN THIS SPACE**

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: Pablo A. Borges Paul 04/26/06 (305) 776 7149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #