

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90005 040 ***558.75

DOCUMENT # P04000149063	
1. Entity Name ARMANDO GONZALEZ CUSTOM AWNINGS, CORP.	

Principal Place of Business 7285 SW 16TH TERRACE MIAMI, FL 33155	Mailing Address 7285 SW 16TH TERRACE MIAMI, FL 33155
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00040261

2. Principal Place of Business 696 West 20th ST	3. Mailing Address 696 West 20th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07242006 Chg-P CR2E034 (11/05)

City & State Hialeah, FL	City & State Hialeah, FL
Zip 33010	Zip 33010
Country USA	Country USA

4. FEI Number 20-1785398	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, ARMANDO 7285 SW 16TH TERRACE MIAMI, FL 33155	
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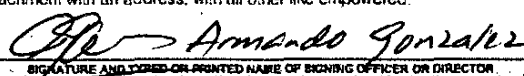
7. Name and Address of New Registered Agent	
Name Gonzalez, Armando	
Street Address (P.O. Box Number is Not Acceptable) 696 West 20th ST.	
City Hialeah	FL Zip Code 33010

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  Armando Gonzalez	DATE 8/10/2006

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete	TITLE PD	☒ Change ☐ Addition
NAME GONZALEZ, ARMANDO		NAME Armando Gonzalez	
STREET ADDRESS 7285 SW 16TH TERRACE		STREET ADDRESS 696 West 20th ST	
CITY-STATE-ZIP MIAMI, FL 33155		CITY-STATE-ZIP Hialeah, FL 33010	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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.	
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SIGNATURE:  Armando Gonzalez	DATE 8/10/2006	DAYTIME PHONE (786) 290-7405
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