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	Mailing Address
7285 SW 16TH TERRACE MIAMI, FL 33155	7285 SW 16TH TERRACE MIAMI, FL 33155

000425261

07242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
696 West 28th ST	696 West 28th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah, FL.	City & State: Hialeah, FL
Zip: 33010 Country: USA	Zip: 33010 Country: USA.

4. FEI Number: 20-1785398 ☐ 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
GONZALEZ, ARMANDO 7285 SW 16TH TERRACE MIAMI, FL 33155	Name: Gonzalez, Armando Street Address (P.O. Box Number is Not Acceptable): 696 West 28th 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 8/10/2006
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GONZALEZ, ARMANDO 7285 SW 16TH TERRACE MIAMI, FL 33155	☐ Delete	PD Armando Gonzalez 696 West 28th ST Hialeah, FL, 33010	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Armando Gonzalez 8/10/2006 (786)290-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #