

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 015 ***150.00

DOCUMENT # P04000149063

1. Entity Name
ARMANDO GONZALEZ CUSTOM AWNINGS, CORP.



Principal Place of Business
696 WEST 20TH ST
HIALEAH, FL 33010

Mailing Address
696 WEST 20TH ST
HIALEAH, FL 33010

901100



05232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

GONZALEZ, ARMANDO
696 WEST 20TH ST
HIALEAH, FL 33010

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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 P.D. 05/15/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, ARMANDO OLD ADDRESS
STREET ADDRESS 696 WEST 10TH ST
CITY-ST-ZIP HIALEAH, FL 33010

TITLE PD
NAME GONZALEZ ARMANDO
STREET ADDRESS 696 WEST 20TH ST.
CITY-ST-ZIP HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: Armando Gonzalez 05/15/2007 (786) 290-7405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #