

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 28, 2006 8:00 am
Secretary of State**

DOCUMENT # P04000153495

1. Entity Name
UNIVERSAL IMPACT WINDOWS & DOORS, INC.



04-28-2006 90211 034 ***150.00

60031001



04152006 Chg-P CR2E034 (11/05)

Principal Place of Business 1675 WEST 31ST PLACE HIALEAH, FL 33012		Mailing Address 1675 WEST 31ST PLACE HIALEAH, FL 33012	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MENDEZ, EDUARDO J 8370 W FLAGLER ST #234 MIAMI, FL		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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

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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D <input type="checkbox"/> Delete	Title	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Name	MENDEZ, EDUARDO J	Name	
Street Address	8370 WEST FLAGLER ST #234	Street Address	
City-ST-ZIP	MIAMI, FL 331442040	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	
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 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: *Edmundo J. MENDEZ 4/26/06 (305) 825-7900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #