

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90167 035 ***150.00

DOCUMENT # P04000153495

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



Principal Place of Business
**1675 WEST 31ST PLACE
HIALEAH, FL 33012**

Mailing Address
**1675 WEST 31ST PLACE
HIALEAH, FL 33012**

40079966



DO NOT WRITE IN THIS SPACE

04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1865795	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MENDEZ, EDUARDO J
8370 W FLAGLER ST #234
MIAMI, FL**

**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 _____
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, 2007 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	D MENDEZ, EDUARDO J 8370 WEST FLAGLER ST #234 MIAMI, FL 331442040
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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: *X Eduardo J. Mendez* **EDUARDO J. MENDEZ** 4/20/07 (305) 825-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #