

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90096 047 \*\*\*150.00

**DOCUMENT # P04000172828**

1. Entity Name

**EXTERIOR ALUMINUM PRODUCTS, INC**



Principal Place of Business

**14908 EVERSINE ST  
TAMPA FL 33624  
US**

Mailing Address

**14908 EVERSINE ST  
TAMPA FL 33624  
US**

2. Principal Place of Business

3. Mailing Address

**14908 EVERSINE ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA, FL**

Zip

Country

Zip

Country

**33624**

**U.S.A.**

4. FEI Number

**20-2065451**

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

**LIU, ELLEN  
14908 EVERSINE ST  
TAMPA FL 33624**

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

*Ellen Liu*  
Signature, typed or printed name of registered agent and title if applicable.

**ELLEN LIU**

(NOTE: Registered Agent signature required when reinstating)

**3-14-2005**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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 **P** ☐ Delete  
NAME **LIU, ELLEN**  
STREET ADDRESS **14908 EVERSINE ST**  
CITY- ST- ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **VP** ☐ Delete  
NAME **AVELLAN, DANIEL ALBERTO**  
STREET ADDRESS **12826 ROYAL GEORGE AVE**  
CITY- ST- ZIP **ODESSA FL 33556**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE **S, T** ☐ Delete  
NAME **LIU, PEY CHYUAN**  
STREET ADDRESS **14908 EVERSINE ST**  
CITY- ST- ZIP **TAMPA FL 33624**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-05 8138171168**

Date

Daytime Phone #