## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## May 15, 2006 8:00 am Secretary of State DOCUMENT # P05000002072 05-15-2006 90041 049 \*\*\*550.00 1. Entity Name J & M THERMO-FOIL DOORS INC. Principal Place of Business Mailing Address 505 WEST 26TH STREET 505 WEST 26TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012006 CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 20-2113209 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URRUTIA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 505 WEST 26TH STREET HIALEAH, FL 33010 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition TITLE PD ☐ Detete Change URRUTIA, JOSE A MAME NAME STREET ADDRESS 505 WEST 26TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP STD ☐ Detete ☐ Change ☐ Addition TITLE URRUTIA, MARIO L NAME NAME 505 WEST 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZPP HIALEAH, FL 33010 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF

**FILED**