## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jul 10, 2007 08:00 AM

Daylime Phone #

DOCUMENT # P0500000207;  1. Entity Name J & M THERMO-FOIL DOORS INC.	2		Secretary of State
505 WEST 26TH STREET 5	ailing Address 05 WEST 26TH STREET IALEAH, FL 33010		(###10## 111 ## ## #1112 ###12 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##022 ##02
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent			07052007 No. Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required
URRUTIA, MARIO L 505 WEST 26TH STREET HIALEAH, FL 33010			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 primed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when refusitating)  PATE  ### FILE NOW!!! FEE IS \$550.00  9. Election Campaign Financing  \$5,00 May Be  07/10/07-80022-014 550.00			
THE PSTD URRUTIA, MARIO L STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Contribution.	ALIGH ALIGH	DO NOT WRITE IN THIS SPACE
12. I hereby certify that the information supplied with this filling 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 further 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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date:  Da			