

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90097 019 \*\*\*150.00

**60028658**



04032006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3038420** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DOCUMENT # P05000088580**

1. Entity Name  
**YB WINDOWS & DOORS CORP.**



Principal Place of Business  
**256 CARLISLE DRIVE  
MIAMI, FL 33166**

Mailing Address  
**256 CARLISLE DRIVE  
MIAMI, FL 33166**

2. Principal Place of Business  
**1050 SE. 9 CT.**  
Suite, Apt. #, etc.

3. Mailing Address  
**1050 SE 9 CT**  
Suite, Apt. #, etc.

City & State  
**Hialeah, FL.**  
Zip **33010** Country **US**

City & State  
**Hialeah, FL**  
Zip **33010** Country **US**

6. Name and Address of Current Registered Agent  
**VEGA, YOANI  
256 CARLISLE DRIVE  
MIAMI, FL 33166**

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. ☐ **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPS<br/>VEGA, YOANI<br/>256 CARLISLE DRIVE<br/>MIAMI, FL 33166</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1050 SE 9 CT<br/>Hialeah, FL 33010</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVPT<br/>ALFONSO, BELKIS<br/>256 CARLISLE DRIVE<br/>MIAMI, FL 33166</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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:** *[Signature]* **4/5/06** **786 273 6083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

Notice Number: CP 504  
Notice Date: 03-13-2006

SSN/EIN: 768-24-6594  
Caller ID:

7105 5678 7189 0795 1372

60028658  
#P05000088580

YOANI VEGA  
%MARILYN OLAZABAL-RUANO  
5787-B NW 151 STREET  
MIAMI LAKES FL 33014



\*768246594101\*

139729

## **Urgent !!**

**We intend to levy on certain assets. Please respond NOW.**

(To avoid additional penalty and interest, pay the amount you owe within ten days from the date of this notice.)

Our records indicate that you haven't paid the amount you owe. The law requires that you pay your tax at the time you file your return. This is your notice, as required by Internal Revenue Code Section 6331(d), of our intent to levy (take) any state tax refunds that you may be entitled to if we don't receive your payment in full. In addition, we will begin to search for other assets we may levy. We can also file a Notice of Federal Tax Lien, if we haven't already done so. **To prevent collection action, please pay the current balance now.** If you've already paid, can't pay, or have arranged for an installment agreement, it is important that you **call us immediately** at the telephone number shown below. Current balance may include Civil Penalty, if assessed.

### Account Summary

Form: 1040

Tax Period: 12-31-2004

**Current Balance: \$5,771.95**

Includes:

Penalty: \$43.37

Interest: \$76.38

Last Payment: \$0.00

For information on  
your penalty & interest  
computations, you may  
call 1-800-829-8374

Questions? Call us at **1-800-829-8374**

Please mail this part with your payment, payable to United States Treasury.

See the enclosed Publication 594, *The IRS Collection Process*, and Notice 1219B, *Notice of Potential Third Party Contact* for additional information.

Notice Number: CP 504  
Notice Date: 03-13-2006

write on your check:

1040 12-31-2004 768-24-6594

Find information about filing and paying taxes at: [www.irs.gov](http://www.irs.gov)  
Enter Keyword: filing late (or) paying late

Amount Due:

**\$5,771.95**

Internal Revenue Service  
PHILADELPHIA, PA 19255-0025



YOANI VEGA  
%MARILYN OLAZABAL-RUANO  
5787-B NW 151 STREET  
MIAMI LAKES FL 33014

768246594 XV VEGA 30 0 200412 670 00000577195