

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 042 ***158.75

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1. Entity Name
UNIVERSAL DOOR WOOD PRODUCTS, INC..



Principal Place of Business
**750 NW 57 COURT
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**750 NW 57 COURT
FORT LAUDERDALE, FL 33309 US**

50003709

2. Principal Place of Business
700 NW 57 COURT
Suite, Apt. #, etc.

3. Mailing Address
700 NW 57 COURT
Suite, Apt. #, etc.



02242006 Chg-P CR2E034 (11/05)

City & State
FORT LAUDERDALE FL
Zip **33309** Country **US**

City & State
FORT LAUDERDALE, FL
Zip **33309** Country **US**

4. FEI Number
27-0128259
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRIVIZ, JOANNE R
750 NW 57 COURT
FORT LAUDERDALE, FL 33309**

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PCED	TRIVIZ, JOANNE R.	4282 BRANDYWINE DR.	BOCA RATON, FL 33487		
VP	GARCIA, SALVADOR A	8050 SW 18TH PLACE	DAVIE, FL 33324		
S	RODRIGUEZ, CHRISTINE	3071 N. COURSE DR. APT. 207	POMPANO BEACH, FL 33069		

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: JOANNE R. TRIVIZ 3/2/06 954-772-8770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT & CEO Date Daytime Phone ext 118