## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000099441

Entity Name: MIAMI DADE GLASS, WINDOW & DOOR INC.

**FILED** Aug 23, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 52-4055 7343 NW 54TH STREET MIAMI, FL 33182 MIAMI, FL 33166 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 52-4055 7343 NW 54TH STREET MIAMI, FL 33182 US MIAMI, FL 33166

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUVAL, HECTOR A DUVAL, HECTOR A 7343 NW 54TH STREET 1049 NW 129 AVENUE MIAMI, FL 33182 MIAMI, FL 33166

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.

SIGNATURE: HECTOR A DUVAL 08/23/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change ( ) Addition DUVAL, HECTOR A DUVAL, HECTOR A Name: Name: P.O. BOX 52-4055 7343 NW 54TH STREET Address: Address: City-St-Zip: MIAMI, FL 33152 US City-St-Zip: MIAMI, FL 33166 US

Title: VPD Title: VPD (X) Change ( ) Addition () Delete Name:

GUERRA, SIXTO J Name: GUERRA, SIXTO J P.O. BOX 52-4055 Address: 7343 NW 54TH STREET Address: MIAMI, FL 33152 US MIAMI, FL 33166 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR A DUVAL **PSD** 08/23/2006