


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90016 048 ***150.00

DOCUMENT # P05000168112	
1. Entity Name USA WINDOWS & DOOR CORP	

Principal Place of Business 12710 NW 104TH AVENUE HIALEAH GARDENS, FL 33018	Mailing Address 12710 NW 104TH AVENUE HIALEAH GARDENS, FL 33018
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. SAME	3. Mailing Address Suite, Apt. #, etc. SAME
City & State SAME	City & State SAME
Zip SAME	Country SAME



03192007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4029704		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GONZALEZ, MIGUEL A 12710 NW 104TH AVENUE HIALEAH GARDENS, FL 33018		7. Name and Address of New Registered Agent Name Latin American Accounting SVC INC Street Address (P.O. Box Number is Not Acceptable) 1800 W. 49 Street - Suite #134 City Hialeah FL Zip Code 33012

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 **Juan V. Pena** (NOTE: Registered Agent signature is required when reinstating) DATE **03/27/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GONZALEZ, MIGUEL A 12710 NW 104TH AVENUE HIALEAH, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: **N. Perez** DATE **3/27/07** Daytime Phone #