


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90065 021 ***158.75

DOCUMENT # P06000005910

1. Entity Name
DULY GARAGE DOOR CORP



Principal Place of Business
**632 SE 5 AVE
 HIALEAH, FL 33010**

Mailing Address
**632 SE 5 AVE
 HIALEAH, FL 33010**

2. Principal Place of Business - No P.O. Box #
632 SE 5 AVE

3. Mailing Address
632 SE 5 AVE

Suite, Apt. #, etc.

City & State
HIALEAH, FL

City & State
HIALEAH, FL

Zip
33010

Country

6. Name and Address of Current Registered Agent

**CABRERA, OBDULIO JR.
 11462 NW 87 PL
 HIALEAH GARDENS, FL 33018**

7. Name and Address of New Registered Agent

Name
CABRERA, OBDULIO SR.

Street Address (P.O. Box Number is Not Acceptable)
632 SE 5 AVE

City
HIALEAH

State
FL

Zip Code
33010

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: **Obdulio Cabrera Jr** *[Signature]*

DATE: **8-1-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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 NAME STREET ADDRESS CITY - ST - ZIP	PTD CABRERA, OBDULIO JR. 11462 NW 87 PL HIALEAH GARDENS, FL 33018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD CABRERA, OBDULIO SR. 632 SE 5 AVE HIALEAH FL 33010 <input checked="" 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: **Obdulio Cabrera Jr** *[Signature]*

DATE: **8-1-08**

DAYTIME PHONE #: **305 965 0043**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

