


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 29, 2008 8:00 am
Secretary of State

08-29-2008 90001 017 ***150.00

DOCUMENT # P06000034505 1. Entity Name AA WINDOW DOCTORS, INC.	
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Principal Place of Business 9722 SW 165 ST MIAMI, FL 33157	Mailing Address 9722 SW 165 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



08042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4458298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, PATRICK 9722 SW 165 ST MIAMI FL, FL 33157

**DO NOT WRITE
IN THIS SPACE**

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.

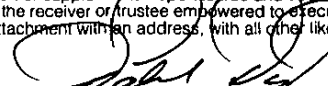
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES DIAZ, PATRICK 9722 SW 165 ST MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ, ANTHONY 16535 SW 95 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **8/26/08 (305) 778-5012**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #