2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # P06000047592 SECRETARY OF STAFE DIVISION OF CORPORATIONS PREMIER POWER WINDOW SERVICE, INC. 07 SEP 18 AH 11: 01 Principal Place of Business Mailing Address 3551 E SANDPIPER DRIVE 3551 E SANDPIPER DRIVE **APJ #1 APT #1** BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 SI ESCOLONO P.O. Box # Mailing Address SSTE Sandpiper Or #1 Sandninern Suite, Apt. #, etc. 09042007 CR2E034 (12/06) Applied For FEI Numbe ionBlach Fl Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRILLO, ERIC Street Address (P.O. Box Number is Not Acceptable) 3551 E SANDPIPER DRIVE APT 1 BOYNTON BEACH, FL 33436 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition CARRILLO, ERIC NAME NAME 700109873637 STREET ADDRESS 3551 E SANDPIPER DRIVE, APT 1 STREET ADDRESS 09/25/07--01013--017 \*\*150.00 CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE VP □ Delete TITLE ☐ Change Addition BIBBY-CARRILLO, LAURA E NAME NAME STREET ADDRESS 3551 E SANDPIPER DRIVE, APT 1 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2 neerly 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 distance on this report or supplemental report is true and accorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 named, or on an attachment with an address; with an address; with an other like empowered. changed or on an attachment SIGNATURE: PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR