

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90038 017 ***150.00

DOCUMENT # P06000075859					
1. Entity Name ARCHITECTURAL FENESTRATION SALES ASSOCIATES, INC.					
Principal Place of Business 13815 COLLIER BLVD. NAPLES, FL 34119 US			Mailing Address 13815 COLLIER BLVD. NAPLES, FL 34119 US		
2. Principal Place of Business - No P.O. Box # 6240 SHIRLEY STREET			3. Mailing Address		
Suite, Apt. #, etc. SUITE #103			Suite, Apt. #, etc.		
City & State NAPLES FL			City & State		
Zip 34109		Country		Zip	
Country		4. FEI Number 01-0867507			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CERMINARA, LOUIS E 13815 COLLIER BLVD. NAPLES, FL 34119			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State 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			DATE <u>JULY 18/07</u>		
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 Due by September 14, 2007			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CERMINARA, LOUIS E 13815 COLLIER BLVD. NAPLES, FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAZIANO, JOHN 32 CONSTABLE DRIVE RIVERHEAD, NY 11901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:			DATE <u>07/18/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		