


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2007 90110 039 ***163.75

DOCUMENT # P06000089418			
1. Entry Name ADVANCED SANCHEZ INSTALLERS, INC.			
Principal Place of Business 5525 SW 43RD STREET DAVIE, FL 33314 US		Mailing Address 5525 SW 43RD STREET DAVIE, FL 33314 US	
2. Principal Place of Business - No P.O. Box # 10961 NW 10 Ct		3. Mailing Address 10961 NW 10 Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation, FL		City & State Plantation, FL	
Zip 33322	Country USA	Zip 33322	Country USA
4. FEI Number 20-5168835		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, ANGELA P 5525 SW 43RD STREET DAVIE, FL 33314		7. Name and Address of New Registered Agent Name SANCHEZ, Diego F. Street Address (P.O. Box Number is Not Acceptable) 10961 NW 10 Ct City Plantation FL Zip Code 33322	
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 Diego F. Sanchez - PTD. DATE 01/13/2007. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 SANCHEZ, ANGELA P 5525 SW 43RD STREET DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SANCHEZ, Diego F. 10961 NW 10 Ct. Plantation - FL - 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SANCHEZ, DIEGO F 5525 SW 43RD STREET DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SANCHEZ, Angela P. 10961 NW 10 Ct. Plantation - FL - 33322 <input checked="" 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: Diego F. Sanchez DATE 01/13/2007 (95A)347-7381 <small>Signature and typed or printed name of signing officer or director</small>			

ATTACHMENT
66012807
#PD6000089418



YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
DO NOT CARRY IT WITH YOU.
Do not laminate your card.

