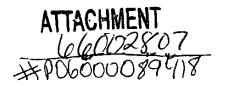
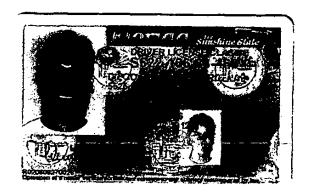
2007 FOR PROFIT CORPORATION . ANNUAL REPORT

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

DOCUMENT # P06000089418 1. Entity Name ADVANCED SANCHEZ INSTALLERS, INC.						02-05-200	7 90110 039 ***	
Principal Plac 5525 SW 431 DAVIE, FL 3	RD STREET	Mailing Address 5525 SW 43RD STREET DAVIE, FL 33314 U					-	
2. Principal P	tage of Business - No. P.O. Box if	3, Mailing Address	. 10 .1					
10161 Suite, Apt.	Nw 10 Cf	3 Mailing Address N U Suite, Apt. #, etc.	0 10 0	-	01102007		CR2E034 (12/06)	
PSYST	åtion , Fl	Pantation	17		5)FEI Numb	•		optied For
333;		33322	Country		1	of Status Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current		UJT		7. Name and	Address of New R		5U
SANCHEZ, ANGELA P					nchez, Diego F.			
5525 SW 43RD STREET DAVIE FL 33314					ddress (P.O. Box Nurgber is Not (Acceptable)			
DAVIE, FL	33314			104	1,00			
			City .	Pav	tatio	<u></u>	FL Zingo	322
6. The above	named entity submits this statement to longer registered each.	the purpose of changing its	registered office	or register	ed agent, or bo	oth, in the State of Flo	xida. I am familiar with	, and accept
_	Theest - Pts) .				01/1	3/2007	
SIGNATURE.	Signature, typed or protect name of registered agent of	ind title if applicable. [NOTE	Registered Agent sign	ature required	when remailsong)	- / -	DATE	
	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$850.0	9. Election Campaig Trust Fund Contri			00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.			/CHANGES TO OFF	CERS AND DIRECTOR	IS IN 11
TITLE	PTD SANCHEZ, ANGELA P	C Detete	TITLE NAME	PT	D محصات	nem t	☐ Change	Addition
STREET ADDRESS	5525 SW 43RD STREET		STREET ADDRESS	3/1	NOTICE,	Diego F	•	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	Pla	ntation	10 CT.	3322	
MLE	VSD SANCHEZ DIECO E	Delete	TITLE	ΛŽί	م اذ	ال حلصمال	Change	☐ Addition
NAME STREET ADDRESS	SANCHEZ, DIEGO F 5525 SW 43RD STREET		NAME STREET ADDRESS	Lina	61 NW	Angela P	•	
CITY-ST-ZIP	DAVIE, FL 33314		CITY-ST-ZIP	Pla	ntatio	n-fl-3	3322	İ
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY - ST - ZIP					
TITLE		☐ Detete	TITLE	T			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZP			CITY - ST - ZIP					
TITLE		☐ Delete	TITLE .	†			Change	Addition
NAME CIDET ANDRESS			NAME STEET LEADERS				_ •	
STREET ADDRESS CITY+ST-ZIP			STREET ADORESS CITY-ST-ZIP	1				ŀ
TITLE		☐ Delete	TITLE	†			☐ Change	Addition
NAME			HAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	-				
	Tertify that the information sumplied with	this filling stope not supply for	CTTY-ST-ZIP	contries =	in Charter ***	Clorida Statutas	huthar agait there is	-(aa):
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation or on an attachment with an address.	true and accurate and that me wered to execute this report a	v signature shall	have the s	ame legal effer	as if made under o	ath: that I am an officer	or director
SIGNAT	URE: Ullum	1			O.	1/13/200	7 (954)34	17-73 \$





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.

