

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2008 8:00 am**  
**Secretary of State**

08-11-2008 90122 047 \*\*\*150.00

<b>DOCUMENT # P07000011106</b> 1. Entity Name <b>YERO WINDOW &amp; DOOR INC</b>					
Principal Place of Business <b>140 AMANDA STREET PALM SPRINGS, FL 33461</b>			Mailing Address <b>140 AMANDA STREET PALM SPRINGS, FL 33461</b>		
2. Principal Place of Business - No P.O. Box # <b>136 Amanda ST</b>		3. Mailing Address <b>136 Amanda ST</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Palm Springs, Florida</b>		City & State <b>Palm Springs, Florida</b>		4. FEI Number <b>20-8272924</b>	
Zip <b>3344</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33461</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AGUIAR, ALEXIS 140 AMANDA STREET PALM SPRINGS, FL 33461</b>			7. Name and Address of New Registered Agent Name <b>AGUIAR, ALEXIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>136 Amanda ST</b> City <b>Palm Springs</b> <b>FL</b> Zip Code <b>33461</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! - FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	<b>P</b> <b>AGUIAR, ALEXIS</b> <b>140 AMANDA STREET</b> <b>PALM SPRINGS, FL 33461</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AGUIAR, ALEXIS</b> <b>136 Amanda ST</b> <b>Palm Springs, FL 33461</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>08/07/08</b> <small>Date</small>		
<small>Daytime Phone #</small>					