

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P07000011106

1. Entity Name  
YERO WINDOW & DOOR INC



Principal Place of Business  
140 AMANDA STREET  
PALM SPRINGS, FL 33461

Mailing Address

140 AMANDA STREET  
PALM SPRINGS, FL 33461

40113103

2. Principal Place of Business - No P.O. Box #  
136 Amanda St  
Suite, Apt. #, etc.

3. Mailing Address

136 Amanda St  
Suite, Apt. #, etc.

City & State  
Palm Springs, Florida  
Zip 33461

City & State  
Palm Springs, Florida  
Zip 33461

Country USA

Country USA

08072008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-8272924

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGUIAR, ALEXIS  
140 AMANDA STREET  
PALM SPRINGS, FL 33461

Name AGUIAR, Alexis

Street Address (P.O. Box Number is Not Acceptable)

136 Amanda St

City Palm Springs FL Zip Code 33461

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

**FILE NOW!! - FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution:

\$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 P  
NAME AGUIAR, ALEXIS  
STREET ADDRESS 140 AMANDA STREET  
CITY-ST-ZIP PALM SPRINGS, FL 33461

Delete

TITLE P  
NAME AGUIAR, ALEXIS  
STREET ADDRESS 136 Amanda St  
CITY-ST-ZIP Palm Springs, FL 33461

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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Change  Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/07/08

Date

Daytime Phone #