## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000080668

Address:

City-St-Zip:

Entity Name: HOUSE OF DOORS, INC.

FILED Apr 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 201 S. BISCAYNE BLVD. 6723 SW 81 ST SUITE 2000 MIAMI, FL 33143 MIAMI, FL 33131 **New Mailing Address: Current Mailing Address:** 201 S. BISCAYNE BLVD. 6723 SW 81 ST SUITE 2000 MIAMI, FL 33143 MIAMI, FL 33131 FEI Number: 26-0529654 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHRIER, MARTIN T 201 S. BIŚCAYNE BLVD. SUITE 2000 MIAMI, FL 33131 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDTS ( ) Delete Title: PDTS (X) Change ( ) Addition Name: CAPO, NELSON Name: CAPO, NELSON P.O. BOX 10007, SUITE 153 6723 SW 81 ST Address: Address: City-St-Zip: GUAYAMA, PR 00784 City-St-Zip: MIAMI, FL 33143 Title: Title: () Delete (X) Change ( ) Addition ALICEA, ABEL Name: Name: ALICEA, ABEL P.O. BOX 10007, SUITE 153 6723 SW 81 ST Address: Address: GUAYAMA, PR 00784 MIAMI, FL 33143 City-St-Zip: City-St-Zip: Title: Title: () Delete CIO ( ) Change (X) Addition CAPO, JASON J Name: Name: 6723 SW 81 ST Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33143 Title: () Delete Title: VΡ ( ) Change (X) Addition CAPO, KARINA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

6723 SW 81 ST

MIAMI, FL 33143

SIGNATURE: JASON CAPO CIO 04/04/2008