## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 02, 2008 8:00 am Secretary of State DOCUMENT # P07000091253 04-02-2008 90019 036 \*\*\*150 00 MEZA WINDOWS & DOORS, INC. Principal Place of Business Mailing Address 6570 ROOSEVELT STREET 6570 ROOSEVELT STREET HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zin Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEZA-ORLEBAR, CLAUDIA Street Address (P.O. Box Number is Not Acceptable) 6570 ROOSEVELT STREET HOLLYWOOD, FL 33024 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition MEZA-ORLEBAR, CLAUDIA NAME NAME 6570 ROOSEVELT STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MEZA, CRISTIAN NAME STREET ADDRESS 6570 ROOSEVELT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition MEZA, MARIO NAME NAME STREET ADDRESS 6570 ROOSEVELT STREET STREET ADDRESS CITY-ST-ZIE HOLLYWOOD, FL 33024 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME

12. I horoby 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED**