

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000092048

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: ANGLADE OPENINGS MANUFACTURING CORP

## Current Principal Place of Business:

350 SOUTH COUNTY RD  
102  
PALM BEACH, FL 33480 US

## New Principal Place of Business:

## Current Mailing Address:

350 SOUTH COUNTY RD  
102  
PALM BEACH, FL 33480 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMPADARUTH, AMAL  
350 SOUTH COUNTY RD  
102  
PALM BEACH, FL 33480 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: ANGLADE, JACQUES  
Address: LA CAUSSADE  
City-St-Zip: REALMONT, FR 81120 FR

Title: D ( ) Delete  
Name: ANGLADE, MARIE-ODILE  
Address: LA CAUSSADE  
City-St-Zip: REALMONT, FR 81120 FR

Title: D ( ) Delete  
Name: ANGLADE, CHRISTEL  
Address: LES PALISSES  
City-St-Zip: SENOUILAC, FR 81600 FR

Title: D ( ) Delete  
Name: ANGLADE, SEVERINE  
Address: IMP. BOISGRAND  
City-St-Zip: PUYGOUZON, FR 81990 FR

Title: D ( ) Delete  
Name: ANGLADE, SEBASTIEN  
Address: 101 BD. SOULT  
City-St-Zip: ALBI, FR 81000 FR

Title: S ( ) Delete  
Name: RAMPADARUTH, JADOMANEE  
Address: 350 SOUTH COUNTY RD STE 102  
City-St-Zip: PALM BEACH, FL 33480 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JADOMANEE RAMPADARUTH

S

04/04/2008

Electronic Signature of Signing Officer or Director

Date