## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000013639

1. Entity Name
DOOR SYSTEMS OF SOUTH FLORIDA, INC.



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business

1350 B HAMMONDVILLE RD. POMPANO BEACH, FL 33069 Mailing Address

PO BOX 970475

BOCA RATON, FL 33497-0475



DO NOT WRITE IN THIS SPACE

02062008 No Chg-P CR2E034 (11/05)

Applied For

4. FEI Number 65-0466725

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEIMOVICS, JOE 2000 GLADES ROAD SUITE 412 BOCA RATON, FL 33431 DO NOT WRITE IN THIS SPACE

|                                       |   |   |  |                                |   |                     | 46.37            | "幸福"            |
|---------------------------------------|---|---|--|--------------------------------|---|---------------------|------------------|-----------------|
|                                       | named entity submits this statement for the p<br>tions of registered agent. | urpose of changing its registere                    | ed office or r   | egistered agent, or t          | ooth, in the State                      | of Florida. I am fa | niliar with, and | i accept        |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title              | f applicable. (NOTE: Registers                      | d Agent signature  | required when reinstating)     | · ·                                     | DATE                |                  | <del></del> . , |
| FIL<br>After M                        | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                 | Election Campaign Finar<br>Trust Fund Contribution. | ncing  | \$5.00 May Be<br>Added to Fees |   |                     |                  |                 |
| 10.                                   | OFFICERS AND DIREC  | TORS  | 11 743   | 11.535.116.                    | 1103.10.29                              | LTTT:               | #155 \$ E        |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P<br>NOVY, BLAIR<br>11861 ISLAND LAKES LANE<br>BOCA RATON, FL 33498         |   | A TAMES OF THE PARTY OF THE PAR |                                | 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | <br>  1             | 150.00           |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   | To state of the st |                                |   |                     |                  |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |  | DO                             | NOT                                     | WRITE               |                  |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |   |  | IN                             | THIS                                    | SPACE               |                  |                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | ·   |  |                                |   |                     |                  |                 |
| TITLE                                 |   |   | 1  |                                |   |                     | 1,11,            | . Lift.         |

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: ≤

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Devime Phone #