2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

indicated on this report or suppleme of the corporation or the receiver of truster if changed, or on an attachment with an ad

SIGNATURE:

Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P95000015088 1. Entity Name DOORS LOCKS AND MORE INC. Principal Place of Business Mailing Address 7670 NW 55 ST MIAMI FL 33166 7670 NW 55 ST MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0564613 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIRA, DANIEL 1117 S W 13 STREET Street Address (P.O. Box Number) is Not Acceptable) MIAMI FL 33129 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 priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May 🗅 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE D ☐ Detete TIBLE LEIRA, DANIEL NAME NAME U00000498980 STREET ADDRESS 4225 SW 62 CT STREET ADDRESS 04/24/06-800I2-023 150.**80** MIAMI FL 33155 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Delete ☐ Change TITLE NAME NAME LEIRA, MARIA STREET ADDRESS 4225 SW 62 CT. STREET ADDRESS COY-ST-77P CITY-ST-7IP MIAMI FL 33155 ☐ Change A4666 TITLE Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me Detete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-71P COTY-ST-702 ☐ Change Access: TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP □ ACC Change TITLE Delete TOTAL NAME NAME STREET ADDRESS STREET ADDRESS CCTY-ST-782 CHY-SI-ZIP lead with this filing does not qualify for the exemptions contained in Section 119, Flonda Statutes. I further certify that the information each 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 address, with all other like empowered. 12. I hereby certify that the information

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