

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P95000077193**

1. Entity Name

LAMBTON DOORS (USA), INC.



Principal Place of Business

7800 WEST OAKLAND PARK BLVD.  
BUILDING G  
SUNRISE, FL 33351

Mailing Address

7800 WEST OAKLAND PARK BLVD.  
BUILDING G  
SUNRISE, FL 33351



04032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0636899

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN  
7800 WEST OAKLAND PARK BLVD.  
BUILDING G  
SUNRISE, FL 33351

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME JACQUES, ROGER  
STREET ADDRESS 7800 WEST OAKLAND PARK BLVD. BLDG. G  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE SD  
NAME POMERLEAU, DIANE  
STREET ADDRESS 7800 WEST OAKLAND PARK BLVD. BLDG. G  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE VD  
NAME LACROIX, YVAN  
STREET ADDRESS 7800 WEST OAKLAND PARK BLVD. BLDG. G  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE TD  
NAME LAPIERRE, REJEAN  
STREET ADDRESS 7800 WEST OAKLAND PARK BLVD. BLDG. G  
CITY-ST-ZIP SUNRISE, FL 33351

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000741929  
05/15/07-80048-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/07 954-749-8802