

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90052 014 ***158.75

DOCUMENT # P98000031719
 1. Entity Name
GOLDEN GATE DOOR SYSTEM, INC.



Principal Place of Business: **123 E MUSTANG WAY MERRITT ISLAND FL 32953**
 Mailing Address: **123 E MUSTANG WAY MERRITT ISLAND FL 32953**

50012687



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **123 B Mustang Way**
 Suite, Apt. #, etc.

3. Mailing Address: **120 Island Beach Blvd**
 Suite, Apt. #, etc.

City & State: **Merritt Island FL 32952**
 Zip: **Florida 32953** Country: **Florida 32952**

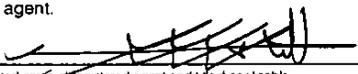
4. FEI Number: **59-3512626**
 Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
QUADER, ANAN J
123B MUSTANG WAY
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** 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:  DATE: **2.2.05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00 May Be Added to Fees**
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: QUADER, ANAN STREET ADDRESS: 120 ISLAND BEACH BLVD. CITY-ST-ZIP: MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE: O NAME: QADER, MAHMOUD STREET ADDRESS: 123 B MUSTANG WAY CITY-ST-ZIP: MERRITT ISLAND FL 32953	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: HASAN QADER STREET ADDRESS: 123 B MUSTANG WAY CITY-ST-ZIP: Merritt Island, FL, 32953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: **02.02.05** Daytime Phone #: **321.693.6630**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR