2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P98000031719 02-16-2006 90063 024 ***163.75 1. Entity Name GOLDEN GATE DOOR SYSTEM, INC. Principal Place of Business Mailing Address 123 B MUSTANG WAY 120 ISLAND BEACH BLVD MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address GOLDEN GATE DOORS Suite, Apt. # elc. VENETIAN WAY #103 1st MOORE CR2E034 (10/05) City & St.MERRITT ISLAND, FL 32953 Number Applied For 59-3512626 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired DL Brevard Fee Required Brevarc 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name eme QUADER, ANAN J Street Address (P.O. Box Number is Not Acceptable) 123B MUSTANG WAY-MERRITT ISLAND FL 32953 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 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. (OWNER) ANAMOUADER TITLE Delete TITLE NAME HASAN, QADER NAME **150 VENETIAN WAY #103** STREET ADDRESS STREET ADDRESS 123 B MUSTANGE WAY MERRITT ISLAND, FL 32953 CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP DFFICE TITLE Delete TITLE Change ☐ Addition Hasan Qader QADER, MAHMOUD NAME STREET ADDRESS 123 B MUSTANG WAY STREET ADDRESS 150 Venetian-Way #-103 CITY-ST-ZIP-MERRITT ISLAND FL 32953 CITY-ST-ZIP merritt Island FL 32953 THE ☐ Delete TITLE 0 FFICES Change ☐ Addition NAME NAME mahmoud STREET ADDRESS STREET ADDRESS 150 Venetian Way CITY-ST-ZIP CITY-ST-ZIP <u> 2 2953</u> ☐ Delete TITLE ☐ Chagge Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, ke empowered.

SIGNATURE:

1-25.06

FILED

Feb 16, 2006 8:00 am

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