## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

Principal Place of Business

32 N

Suite, Apt. #, etc.

City & State -



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90029 026 \*\*\*150.00

DOCUMENT # P9800007-5398 INC.
1. Corporation Name

QUALITY Windows + Screens,

Principal Place of Business

Mailing Address

10041 5w .43 TER

p000185

Miromi - Fef. 33/65 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2a. Mailing Address Applied For 2 AVE 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees

Country This corporation owes the current year Intangible Musmi Jodazo □No 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5W.43 83 84 Zip Code City 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	·				
BIGNATURE		Registered Agent signature required w	hen reinstating)	DATE	
2.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTO	RS IN 12
IILE .	C, DELETE	1.1 TITLE	•	☐ Change	☐ Addition
<u>: -</u>	100 41 5W. 42 Tar.	1.2 NAME			
TREET ADORESS	100 41 5W. 42 Tar.	1.3 STREET ADDRESS			
TY ST-ZIP	miromi - Cof. 33165	1.4 CITY-ST-ZiP			
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	negda Homandonz	2.2 NAME			
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FADDRESS		6.4 City-ST-ZIP			
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i.i. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 🦳

SIGNATURE AND DIFFE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/62/D

305-737-500 Daytime Phone #