

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097313

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: A PLUS MEGA OVERHEAD DOORS, INC

**Current Principal Place of Business:**

31-20 BAY 407 PEMBROKE ROAD  
PEMBROKE PARK, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

5805 BLUE LAGOON DRIVE  
200  
MIAMI, FL 33026

**New Mailing Address:**

FEI Number: 65-0878998      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AG CORPORATE SERVICES, LLC  
5805 BLUE LAGOON DRIVE  
200  
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GUEVARA, MARIA L  
Address: 179 82 S.W. 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete  
Name: GUEVARA, RUDOLF  
Address: 11501 NW 35 PLACE  
City-St-Zip: SUNRISE, FL 33323

Title: SD ( ) Delete  
Name: GUEVARA, RUDOLF SENIOR  
Address: 17982 SW 11 STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA L GUEVARA

P

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date