

ANNUAL REPORT (AR)

DOCUMENT # P99000106339

1. Entity Name

ADVANCED GARAGE DOORS CORPORATION



FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business

8422 NW 109TH ST.
MEDLEY FL 33178

Mailing Address

8422 NW 109TH ST.
MEDLEY FL 33178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0969708

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERICE, MARIA E
9852 COSTA DEL SOL BLVD
MIAMI FL 33178

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

Signature, if not a minor, name of registered agent and not applicable

(If not Registered Agent signature required when installing)

DATE

FILE NOW!!! FEE IS \$100.00

After May 1, 2006 Fee will be \$200.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HERNANDEZ, JUAN R
STREET ADDRESS 8422 NW 109TH ST.
CITY-ST-ZIP MEDLEY FL 33178 ☐ Delete

TITLE VT
NAME CERICE, MARIA E
STREET ADDRESS 9852 COSTA DEL SOL BLVD.
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
U00000411859
02/10/06-80024-009 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:

Juan R. Hernandez

SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1-27-06 3058883238

Date

Phone Number