


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90258 001 ***150.00
 04-08-2005 90258 002 *****8.75

DOCUMENT # P04000100656

1. Entity Name
 A1A OVERHEAD DOORS, INC.



Principal Place of Business
 17911 NW 84 AVE
 MIAMI, FL 33015

Mailing Address
 17911 NW 84 AVE
 MIAMI, FL 33015

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 12-6944
 Suite, Apt. #, etc.

City & State
 Hialeah, FL

City & State
 Hialeah, FL

Zip
 33012

Country
 Miami-Dade



04042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 MAGDANAGA, RICARDO
 17911 NW 84 AVE
 MIAMI, FL 33015

4. FEI Number
 05-0605433

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name: Magdaniaga Ricardo
 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: William J. Arradondo William J. Arradondo 04-04-2005
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAGDANAGA, RICARDO 17911 NW 84 AVE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Magdaniaga, Ricardo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Arradondo, William J. 17911 NW 84 Ave Miami, FL 33015 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Ricardo Magdaniaga Ricardo Magdaniaga 04-04-05 218-0149
Signature and typed or printed name of signing officer or director Date Daytime Phone #