

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100656

Entity Name: A1A OVERHEAD DOORS, INC.

FILED
Jul 14, 2006
Secretary of State

Current Principal Place of Business:

17911 NW 84 AVE
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12-6944
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 05-0605433

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGDARIAGA, RICARDO
17911 NW 84 AVE
MIAMI, FL 33015 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: VP () Delete
Name: MAGDANAGA, RICARDO
Address: 17911 NW 84 AVE
City-St-Zip: MIAMI, FL 33015

Title: P () Delete
Name: MAGDARIAGA, RICARDO
Address: 17911 NW 84 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: ARREDONDO, WILLIAM
Address: POB 12-6944
City-St-Zip: HIALEAH, FL 33012

Title: P (X) Change () Addition
Name: MAGDARIAGA, RICARDO
Address: POB 12-6944
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the 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: RICARDO MAGDARIAGA

PRES

07/14/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date