2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State DOCUMENT #F37372 1. Entity Name SUN AIR WINDOWS & INSTALLATION INC. Principal Place of Business Mailing Address 16760 NW 42 AVENUE 16760 NW 42 AVENUE MIAMI, FL 33055 MIAMI, FL 33055 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2108479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LANZ, EDUARDO D DO NOT WRITE 16760 NW 42 AVE. MIAMI, FL 33055 IN THIS SPACE . 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, typed or printed name of registered agent and title if applicable (NDTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD DIAZ, ERIK NAME 16760 NW 42 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL U00000353060 TITLE 05/03/05-80052-020 150.00 NAME STREET ADDRESS CITY-ST-ZIP TILE ----NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IIILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS CITY-ST-ZIP шт STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and apcurate 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 is 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 life empowered.

EDUARDO D DIAZ

E OF SIGNING OPFICER OR DIRECTOR

04-29-05

Daytime Phone #

Date

FILED