

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K80371

FILED  
Jan 10, 2004  
Secretary of State

Entity Name: WINDOW CLASSICS CORPORATION

**Current Principal Place of Business:**

2401 SW 32ND AVE  
PEMBROKE PARK, FL 33023 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 4198  
HOLLYWOOD, FL 33083 US

**New Mailing Address:**

FEI Number: 65-0122324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ARMBRUST, JOHN  
2401 SW 32ND AVE  
PEMBROKE PARK, FL 330023 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: CP ( ) Delete  
Name: GARCIA, JOSE D  
Address: 2401 SW 32ND AVE  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: DVST ( ) Delete  
Name: ARMBRUST, JOHN C  
Address: 2401 SW 32ND AVE  
City-St-Zip: PEMBROKE PARK, FL 330023

Title: DV ( ) Delete  
Name: JOHN, JOVANOVIH  
Address: 2401 SW 32ND AVE  
City-St-Zip: PEMBROKE PARK, FL 33023

**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 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 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: JOHN C ARMBRUST

DVST

01/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date