


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K80371**  
1. Entity Name  
WINDOW CLASSICS CORPORATION



Principal Place of Business: 2401 SW 32ND AVE, PEMBROKE PARK, FL 33023 US  
Mailing Address: P O BOX 4198, HOLLYWOOD, FL 33083 US

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0122324	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
ARMBRUST, JOHN  
2401 SW 32ND AVE  
PEMBROKE PARK, FL 33002-3

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000835582  
02/29/08-80041-005 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GARCIA, JOSE D 2401 SW 32ND AVE PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ARMBRUST, JOHN C 2401 SW 32ND AVE PEMBROKE PARK, FL 330023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOVANOVIICH, JOHN 2401 SW 32ND AVE PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without the same empowered.

SIGNATURE: *John C Armbrust* 2-18-08 954-966-1148  
Date Daytime Phone #  
John C Armbrust