

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K80371

FILED
Jan 16, 2003
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 (X)

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 DEJESUS
Address: 2401 SW 32ND AVE
City-St-Zip: PEMBROKE PARK, FL 33023

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: GARCIA, JOSE D
Address: 2401 SW 32ND AVE
City-St-Zip: PEMBROKE PARK, FL 33023

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

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

Electronic Signature of Signing Officer or Director

DVST

01/16/2003

_____ Date