


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # M50338
 1. Entity Name
MACHADO WINDOWS AND BLINDS, INC.



Principal Place of Business: **10120 SW 102 AVE MIAMI FL 33176 US**
 Mailing Address: **P O BOX 653911 MIAMI FL 33265-3911 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



1st MOORE CR2E034 (10/05)

4. FEI Number: **59-2822125**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent:
MACHADO, CONRADO
4115 SW 107TH PLACE
MIAMI FL 33165

Applied For Not Applicable

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. 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 re-registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00 May Added to Fee**
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE: DPS <input type="checkbox"/> Delete	NAME: VILA, FRANCISCO
STREET ADDRESS: 10120 SW 102 AVE	CITY-ST-ZIP: MIAMI FL
TITLE: T <input type="checkbox"/> Delete	NAME: VILA, FRANCISCO
STREET ADDRESS: 10120 SW 102 AVE	CITY-ST-ZIP: MIAMI FL
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: *Frederick J. Vila* **Frederick J. Vila** **1/28/06** **205-274-1371**