

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90009 004 \*\*\*158.75



DOCUMENT # P01000024129

1. Entity Name

NATIONAL SCREEN AND WINDOW, INC.

Principal Place of Business

5941 SW 36TH CT  
 DAVIE FL 33314

Mailing Address

5941 SW 36TH CT  
 DAVIE FL 33314

2. Principal Place of Business

13750 Cumberland place  
 Suite, Apt. #, etc.

3. Mailing Address

13750 Cumberland place  
 Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State

Davie, Florida

City & State

Davie, Florida

4. FEI Number

65-1099543

Applied For

Not Applicable

Zip

33325

Country

America

Zip

33325

Country

America

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BASS, JAY~~  
~~5941 SW 36TH CT.~~  
~~DAVIE FL 33314~~

7. Name and Address of New Registered Agent

Name: Dominick Desena / michele Desena  
 Street Address (P.O. Box Number is Not Acceptable): 13750 Cumberland place  
 Davie, Florida  
 City: Davie, Florida  
 State: FL  
 Zip Code: 33325

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: *Dominick Desena* *Michele Desena*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASS, JAY	
STREET ADDRESS	5941 SW 36TH CT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DESENA, DOMINICK	
STREET ADDRESS	6111 S.W. 32ND ST.	
CITY-ST-ZIP	DAVIE FL 33314	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dominick, DeSena	
STREET ADDRESS	13750 Cumberland place	
CITY-ST-ZIP	Davie, Florida 33325	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	michele Desena	
STREET ADDRESS	13750 Cumberland place	
CITY-ST-ZIP	Davie, Florida 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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: *Michele Desena* *Dominick DESENA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 581-5545  
 (754) 245-1786  
 Daytime Phone #