

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90097 033 ***150.00

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1. Entity Name
WINDOWS FOR YOU CORP.



Principal Place of Business
6511 SW 8TH STREET
PEMBROKE PINES FL 33023

Mailing Address
6511 SW 8TH STREET
PEMBROKE PINES FL 33023

2. Principal Place of Business

3. Mailing Address
19473 SW 68st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Pembroke
Zip
33832

Country

City & State
Pines FL
Zip
Country

4. FEI Number 65-1144690

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, LEO
6511 SW 8TH STREET
PEMBROKE PINES FL 33023

Name 19473 SW 68st

Street Address (P.O. Box Number is Not Acceptable)
Pembroke Pines

City FL

Zip Code 33332

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

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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME RODRIGUEZ, LEO Delete
STREET ADDRESS 6511 SW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE
NAME Rodriguez, LEO Change Addition
STREET ADDRESS 19473 SW 68st
CITY-ST-ZIP Pembroke Pines FL 33332

TITLE D
NAME GARRIDO, IVETTE Delete
STREET ADDRESS 6511 SW 8TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE
NAME Rodriguez, Garrido Ivette Change Addition
STREET ADDRESS 19473 SW 68st
CITY-ST-ZIP Pembroke Pines FL 33332

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME Change Addition
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

954-582-1338

Daytime Phone #

CR2E034 (10/02)