| FEI Number: 65-0122324<br>Name and Address of Current Registered Agent:                                                                                |                           |                                          |                 | Certificate of Status Desired             | ł  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------|-----------------|-------------------------------------------|----|--|
| MONSALVATGE, GEOFF<br>2401 SW 32ND AVE<br>PEMBROKE PARK, FL 33023 US                                                                                   |                           |                                          |                 |                                           |    |  |
| 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: GEOFF MONSALVATGE                                                                                                                           |                           |                                          |                 |                                           | 3, |  |
|                                                                                                                                                        |                           | Electronic Signature of Registered Agent |                 |                                           | -  |  |
|                                                                                                                                                        | Officer/Director Detail : |                                          |                 |                                           |    |  |
|                                                                                                                                                        | Title                     | СР                                       | Title           | DVST                                      |    |  |
|                                                                                                                                                        | Name                      | GARCIA, JOSE D                           | Name            | MONSALVATGE, GEOFF                        |    |  |
|                                                                                                                                                        | Address                   | 2401 SW 32ND AVE                         | Address         | 2401 SW 32ND AVE                          |    |  |
|                                                                                                                                                        | City-State-Zip:           | PEMBROKE PARK FL 33023                   | City-State-Zip: | PEMBROKE PARK FL 33023                    |    |  |
|                                                                                                                                                        | Title<br>Name             | DV<br>JOVANOVICH, JOHN                   | Title<br>Name   | VP, OF OPERATIONS<br>GARCIA, JOSEPH A JR. |    |  |
|                                                                                                                                                        |                           |                                          |                 |                                           |    |  |

P O BOX 4198 HOLLYWOOD, FL 33083 US

**Current Principal Place of Business:** 

## I

PEMBROKE PARK, FL 33023

**Current Mailing Address:** 

2401 SW 32ND AVE

## I

Entity Name: WINDOW CLASSICS CORPORATION

Address

I hereby 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 all other like empowered.

Address

SIGNATURE: GEOFFREY MONSALVATGE

2401 SW 32ND AVE

City-State-Zip: PEMBROKE PARK FL 33023

TREASURER

03/06/2018

Electronic Signature of Signing Officer/Director Detail



## FILED Mar 06, 2018 **Secretary of State** CC9865547789

03/06/2018 Date

sired: No

2401 SW 32ND AVENUE

City-State-Zip: PEMBROKE PARK FL 33023

Date