


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90062 039 ***150.00

DOCUMENT # 462216 1. Entity Name HOUSE OF WINDOWS INC.	
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Principal Place of Business 195 E 9TH STREET HIALEAH, FL 33010	Mailing Address 195 E 9TH STREET HIALEAH, FL 33010
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40024000



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1574983	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERRERA, ORLANDO
4001 N. W. 4TH STREET
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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-instating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, ORLANDO 4001 N.W. 4TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LISSET, HERRERA PO BOX 111376 HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Lisset Herrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07
Date

(305) 887-8762
Daytime Phone #