

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90068 020 ***150.00

DOCUMENT # 528275

1. Entity Name

THE WINDSORS GALLERY, INC.



Principal Place of Business

1855 GRIFFIN ROAD A-108
DANIA FL 33004

Mailing Address

1855 GRIFFIN ROAD A-108
DANIA FL 33004

2. Principal Place of Business - No P.O. Box #

737 Grand Concourse
Suite, Apt. #, etc.

3. Mailing Address

737 Grand Concourse
Suite, Apt. #, etc.

City & State

Miami Shores, FL

Zip 33138

Country

US

City & State

Miami Shores, FL

Zip 33138

Country

US

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1722119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WINDSOR, ROBERT
737 GRAND CONCOURSE
MIAMI SHORES FL 33138

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 P ☐ Delete
NAME WINDSOR, ROBERT
STREET ADDRESS 737 GRAND CONCOURSE
CITY - ST - ZIP MIAMI FL 33138

TITLE ST ☐ Delete
NAME WINDSOR, KAREN
STREET ADDRESS 737 GRAND CONCOURSE
CITY - ST - ZIP MIAMI FL 33138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen Windsor

Date

5/14/07

Daytime Phone #

954-923-9100
305-751-4614