2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643365

Entity Name: ARPECHI WINDOWS, INC.

FILED Jan 26, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

2518 S.W. 8TH STREET MIAMI, FL 33135

Current Mailing Address: New Mailing Address:

2518 S.W. 8TH STREET MIAMI, FL 33135

FEI Number: 59-1973014 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOMINGUEZ, ARTURO
2518 S.W. 8TH STREET
MIAMI, FL 33135 US

DOMINGUEZ, MONICA
2518 S.W. 8TH STREET
MIAMI, FL 33135 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: MONICA DOMINGUEZ 01/26/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PSD (X) Change () Addition Name: DOMINGUEZ, ARTURO, Name: DOMINGUEZ, MONICA

 Address:
 2743 SW 18TH STREET
 Address:
 2518 S.W. 8TH STREET

 City-St-Zip:
 MAIMI, FL 33145
 City-St-Zip:
 MAIMI, FL 33135

Title: VD (X) Delete Title: () Change () Addition
Name: DOMINQUEZ MONICA Name:

 Name:
 DOMINQUEZ, MONICA
 Name:

 Address:
 2743 S W 18TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33145
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 PEREZ, ROBERTO
 Name:

 Address:
 2528 SW 10TH ST
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 DOMINGUEZ, ARTURO
 Name:

 Address:
 2743 SW 18TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33145
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA DOMINGUEZ P 01/26/2006