2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F31069

1. Entity Name
CUTLER RIDGE WINDOW CO.

Principal Place of Business	Mailing Address
10704 SW 188 STREET MIAMI, FL 33157	10704 SW 188 STREET MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

04132004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2096928	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, THEODORE J.
9485 NASSAU DR.
MIAMI, FL 33189

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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 _____ Pres

Signature typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE 4 19 04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

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10000001123028
04/21/04-80052-016  150.00
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10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	STEWART, JOSEPH
STREET ADDRESS	9485 NASSAU DR
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ Pres   4 19 04   3052350390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #