2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 24, 2005 8:00 am DOCUMENT # H89644 **Secretary of State** 1. Entity Name 03-24-2005 90035 043 ***150.00 VERTICALLY INCLINED WINDOW DECORS, INC. Principal Place of Business Mailing Address 3166 N ANDREWS AVE EXT POMPANO BEACH FL 33064 3169 N ANDREWS AVE EXT POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address 3495 HIGH RIDGE RD 3495 HIGH RIGGE RD Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2686773 Not Applicable BOYNTON \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOLD, JAY 12776 TULIPWOOD CIRCLE **BOCA RATON FL 33428** 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 reinstating) Signature: typed, FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE RODRIGUEZ, FRANK RODRIGUEZ, FRANK T. 3495 HIGH RIDGE RD NAME NAME 6305 VIA PRIME ST. STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 LAKE WORTH FL 33467 CITY-ST-ZIP CITY-ST-ZIP Addition VTD Delete TITLE V TD GOLD, JAY NAME GOLD, JAY M NAME 3495 HIGH RIDGE RD STREET ADDRESS 12776 TULIPWOOD CIRCLE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

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 the and acceptate 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 employered 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 an other like employered.

SIGNATURE: