2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K27283

1. Entity Name
BROWARD WINDOW DESIGNS INC.

Principal Place of Business	Mailing Address
2836 STIRLING ROAD L HOLLYWOOD, FL 33020	2836-L STIRLING RD HOLLYWOOD, FL 33020-1125 US

DO NOT WRITE IN THIS SPACE

01292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0058134	Not Applicable

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

6. Name and Address of Current Registered Agent

AGOSTI, ERIBERTO
10360 NW 16TH ST.
PLANTATION, FL 33322

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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 _Eriberto Agosti. Owner/President E.A._   _2-4-04_
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

10.	OFFICERS AND DIRECTORS	
TITLE	P	
NAME	AGOSTI, ERIBERTO	
STREET ADDRESS	10360 NW 16TH ST	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	VS	
NAME	AGOSTI, CATHY	
STREET ADDRESS	10360 NW 16TH STREET	
CITY-ST-ZIP	PLANTATION, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000041512
02/09/04-80092-012 150.00

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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: _Eriberto Agosti_   _Owner/President_   _2-4-04_   (954) 922-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #