2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K27283

1. Entity Name

BROWARD WINDOW DESIGNS INC.



FILED Jan 31, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

10360 NW 16TH STREET PLANTATION, FL 33322

10360 NW 16TH STREET PLANTATION, FL 33322



01172006

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-0058134

Applied For Not Applicable

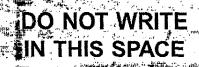
5. Certificate of Status Desired

\$8.75 Additional Fee Required

والمجاورة ومرفي ليكاري والمراث

6. Name and Address of Current Registered Agent

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



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 reinstating)

DATE

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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS .	The state of the s
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGOSTI, ERIBERTO 10360 NW 16TH ST PLANTATION, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS AGOSTI, CATHY 10360 NW 16TH STREET PLANTATION, FL	05.08.08-8008a-008 120.00 100000408812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 SYSNING OFFICER OR DIRECTOR

1.26.06

954-308-0715