
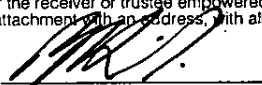


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90052 028 \*\*\*150.00

<b>DOCUMENT # K44616</b>					
<b>1. Entity Name</b> WINDVIEW CORPORATION					
<b>Principal Place of Business</b> 3600 NW 37 COURT MIAMI, FL 33142 US			<b>Mailing Address</b> 3600 NW 37 COURT MIAMI, FL 33142 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0127832	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BRUMMER, FLORENCE 3600 NW 37 COURT MIAMI, FL 33142			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> BRUMMER, FLORENCE <b>STREET ADDRESS</b> 3600 NW 37 COURT <b>CITY - ST - ZIP</b> MIAMI, FL 33142	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BURSKI, PETER <b>STREET ADDRESS</b> 3600 NW 37 CT <b>CITY - ST - ZIP</b> MIAMI, FL 33142	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Burski, Peter <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BRINSKI, CATHY K. <b>STREET ADDRESS</b> 3600 NW 37 CT <b>CITY - ST - ZIP</b> MIAMI, FL 33142	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> Burski, Cathy Krown <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b>  <b>Peter Burski</b> 02/16/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date Daytime Phone #</span>					

50016672



02102005 Chg-P CR2E034 (10/03)

**4. FEI Number**  
65-0127832

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

BRUMMER, FLORENCE  
3600 NW 37 COURT  
MIAMI, FL 33142

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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MIAMI, FL 33142

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**CITY - ST - ZIP**  
  
☐ Change ☐ Addition

**TITLE**  
D  
**NAME**  
BURSKI, PETER  
**STREET ADDRESS**  
3600 NW 37 CT  
**CITY - ST - ZIP**  
MIAMI, FL 33142

☐ Delete

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**NAME**  
Burski, Peter  
**STREET ADDRESS**  
  
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☐ Change ☐ Addition

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**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #