

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 AM
Secretary of State

DOCUMENT # K80371

1. Entity Name
WINDOW CLASSICS CORPORATION



Principal Place of Business
**2401 SW 32ND AVE
PEMBROKE PARK, FL 33023 US**

Mailing Address
**P O BOX 4198
HOLLYWOOD, FL 33083 US**



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0122324

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ARMBRUST, JOHN
2401 SW 32ND AVE
PEMBROKE PARK, FL 33002-3**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000835582
02/29/08-80041-005 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GARCIA, JOSE D 2401 SW 32ND AVE PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST ARMBRUST, JOHN C 2401 SW 32ND AVE PEMBROKE PARK, FL 330023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV JOVANOVIH, JOHN 2401 SW 32ND AVE PEMBROKE PARK, FL 33023
TITLE NAME STREET ADDRESS 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 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 an otherwise empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C Armbrust

2-18-08 954-966-1148

Date

Daytime Phone #