


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90012 031 \*\*\*150.00

<b>DOCUMENT # L56905</b> 1. Entity Name N.R. WINDOWS, INC.					
Principal Place of Business 6670-A WHITE DRIVE WEST PALM BEACH, FL 33407 US			Mailing Address 4348 WESTROADS DR WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business - No P.O. Box # <b>4348 WESTROADS DR</b>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>WEST PALM BEACH, FL</b>			City & State		
Zip <b>33407</b>		Country <b>USA</b>		4. FEI Number <b>65-0172590</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHAMSHAD, NOSHAD ALI</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2007 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>SHAMSHAD, NOSHAD ALI</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALI, SHAHZAD</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MALUT, RAMACHANDRAN K</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>AMIR, ALI</b> <b>4348 WESTROADS DR</b> <b>WEST PALM BEACH, FL 33407</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.			(Empty)		
<b>SIGNATURE: NOSHAD ALI SHAMSHAD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>561-844-1121</b> <small>Daytime Phone #</small>		