


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L68829 1. Entity Name SUNSHINE WINDOW CLEANING, INC.	
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Principal Place of Business 3437 NE 12TH TERRACE FT. LAUDERDALE, FL 33334-4527	Mailing Address 3437 NE 12TH TERRACE FT. LAUDERDALE, FL 33334-4527
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0190132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALUFETTI, LARRY
3437 N.E. 12TH TERR
FORT LAUDERDALE, FL 33334

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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 _____ (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

000000130540
04/26/04-80122-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CALUFETTI, LARRY 3437 NE 12TH TERR FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDUCCI, CHARLES 3437 N. E. 12TH TERRACE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COENEN, LAURA 3437 N. E. 12TH TERRACE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIEL, ROGER 3437 N.E. 12TH TERR FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Larry Calufetti* 4/22/04 954 772-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #