

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68829

FILED
Apr 16, 2008
Secretary of State

Entity Name: SUNSHINE WINDOW CLEANING, INC.

Current Principal Place of Business:

3437 NE 12TH TERRACE
OAKLAND PARK, FL 333344527

New Principal Place of Business:

Current Mailing Address:

3437 NE 12TH TERRACE
OAKLAND PARK, FL 333344527

New Mailing Address:

FEI Number: 65-0190132

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALUFETTI, LARRY
3437 N.E. 12TH TERR
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CALUFETTI, LARRY,
Address: 3437 NE 12TH TERR
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP () Delete
Name: ADDUCCI, CHARLES,
Address: 3437 N. E. 12TH TERRACE
City-St-Zip: OAKLAND PARK, FL 33334

Title: T () Delete
Name: COENEN, LAURA
Address: 3437 N. E. 12TH TERRACE
City-St-Zip: OAKLAND PARK, FL 33334

Title: S () Delete
Name: DIEL, ROGER
Address: 3437 N.E. 12TH TERR
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY CALUFETTI

DP

04/16/2008

Electronic Signature of Signing Officer or Director

Date