


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M28918**  
1. Entity Name  
UNITED WINDOWS & DOORS, INC.



Principal Place of Business      Mailing Address  
16280 N.W. 27TH AVE.      16280 N.W. 27TH AVE.  
OPA LOCKA, FL 33054      OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



01302004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-2784117      No: Applicable

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

6. Name and Address of Current Registered Agent  
  
HIGHTOWER, WILLIE CPA  
16280 N.W. 27TH AVE.  
OPA LOCKA, FL 33054

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.            Added to Fees

04/22/04-80016-029 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HIGHTOWER, WILLIE 16280 NW 27TH AVE. OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DUNN, GAY L 16280 NW 27TH AVENUE OPA LOCKA, FL 33054
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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)(f), 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: Gay L. Dunn      02/03/04      (305) 620-0269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #