


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 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**



03122005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2784117      Not 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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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	HIGHTOWER, WILLIE
STREET ADDRESS	16280 NW 27TH AVE.
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	VT
NAME	DUNN, GAY L
STREET ADDRESS	16280 NW 27TH AVENUE
CITY-ST-ZIP	OPA LOCKA, FL 33054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Willie Hightower      3/14/05 (305) 620 0269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #