


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90057 008 ***150.00

DOCUMENT # M69771	
1. Entity Name WINDSOR INVESTMENT SERVICES CORPORATION	

Principal Place of Business 452 N.E. 8TH STREET HOMESTEAD FL 33030 US	Mailing Address 201-207 N. Krome Ave. 452 N.E. 8TH STREET HOMESTEAD FL 33030 MAE 28
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2. Principal Place of Business 201-207 N. Krome Ave.	3. Mailing Address 28350 S.W. 157 CT.
Suite, Apt. #, etc. 201-20	Suite, Apt. #, etc.
City & State HOMESTEAD FLA	City & State HOMESTEAD FLA
Zip 33030	Country USA
Zip 33030	Country USA



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0032613		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PERSAUD, PETER A. 22740 S.W. 179TH PL MIAMI FL 33170		7. Name and Address of New Registered Agent PETER A. PERSAUD 28350 S.W. 157th Ct Homestead, FL 33033
Name		Street Address (P.O. Box Number is Not Acceptable)
City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, PETER A.	NAME	
STREET ADDRESS	22740 S.W. 179TH PL. 28350 S.W. 157 CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL HOMESTEAD, FL 33033	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, BIBI K.	NAME	
STREET ADDRESS	22740 S.W. 179TH PL. 28350 S.W. 157 CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL HOMESTEAD, FLA 33033	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSAUD, SAMUEL A.	NAME	
STREET ADDRESS	22740 S.W. 179TH PL. 28350 S.W. 157 CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL HOMESTEAD FLA 33033	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:  2-10-05 305247-927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #