

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M69771

1. Entity Name
WINDSOR INVESTMENT SERVICES CORPORATION



Principal Place of Business
 201-207 N KROME AVE
 200
 HOMESTEAD, FL 33030 US

Mailing Address
 28350 SW 157 CT
 HOMESTEAD, FL 33033 US



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0032613 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PERSAUD, PETER A.
 28350 SW 157 CT
 HOMESTEAD, FL 33033

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00

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

000000685373
 04/09/07-80004-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PERSAUD, PETER A.
STREET ADDRESS	28350 SW 157 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	STD
NAME	PERSAUD, BIBI K.
STREET ADDRESS	28350 SW 157 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	VP
NAME	PERSAUD, SAMUEL A
STREET ADDRESS	28350 SW 157 CT
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Peter A. Persaud PETER A. PERSAUD 5/27/07 305-247-9277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #