

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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when retaking)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #