


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P00000097317 1. Entity Name WINDSOR INTERNATIONAL INC. |  |
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| Principal Place of Business 10357 SW 165TH COURT MIAMI, FL 33196 | Mailing Address 10357 SW 165TH COURT MIAMI, FL 33196 |
|--|--|

DO NOT WRITE IN THIS SPACE



09042006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-1052634 | 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

**ROSS, MICHAEL F
10357 SW 165TH COURT
MIAMI, FL 33196**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
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| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 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

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSS, MICHAEL F 10357 SW 165TH COURT MIAMI, FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSS, JEAN L 10357 SW 165TH COURT MIAMI, FL 33196 |
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09/06/06-80003-017 550.00

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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: *Michael F. Ross* **MICHAEL F. ROSS** *9/5/06* *786 859 4300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #