

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000021248

1. Entity Name
EAST BLOCK WINDOW CLEANING, INC.



Principal Place of Business

514 S 58 CT
HOLLYWOOD, FL 33023

Mailing Address

514 S 58 CT
HOLLYWOOD, FL 33023

2. Principal Place of Business

820 NW 44 AVE

Suite, Apt. #, etc.

3. Mailing Address

Po Box 814002

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

HOLLYWOOD, FL

Zip

33066

Zip

33081

Country

USA

6. Name and Address of Current Registered Agent

BLOCK, DAVID
5641 HOOD STREET
HOLLYWOOD, FL 33021

4. FEI Number

65-1082512

Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name

BLOCK, DAVID

Street Address (P.O. Box Number is Not Acceptable)

820 NW 44 AVE

City

COCONUT CREEK

FL

Zip Code

33066

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, DAVID		NAME	
STREET ADDRESS	5641 HOOD STREET		STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021		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	
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NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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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)(1), 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: *David Block*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/04 (954) 977-9858

Date

Daytime Phone #

54058276



06032004 Chg-P CR2E034 (10/03)

06-21-2004 90005 025 ***150.00

**FILED
Jun 21, 2004 8:00 am
Secretary of State**