


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-21-2004 90005 025 \*\*\*150.00

<b>DOCUMENT # P01000021248</b> 1. Entity Name <b>LAST BLOCK WINDOW CLEANING, INC.</b>					
Principal Place of Business <b>514 S 58 CT HOLLYWOOD, FL 33023</b>			Mailing Address <b>514 S 58 CT HOLLYWOOD, FL 33023</b>		
2. Principal Place of Business <b>820 NW 44 AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 814002</b> Suite, Apt. #, etc.		
City & State <b>COCONUT CREEK, FL</b>			City & State <b>HOLLYWOOD, FL</b>		
Zip <b>33066</b>		Country <b>USA</b>		4. FEI Number <b>65-1082512</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BLOCK, DAVID 5641 HOOD STREET HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>BLOCK, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>820 NW 44 AVE</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33066</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, DAVID 5641 HOOD STREET HOLLYWOOD, FL 33021		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>820 NW 44 AVE COCONUT CREEK, FL 33066</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS 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)(f), 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.					
<b>SIGNATURE: <u>David Block</u></b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>6115 104 (954) 977-9858</b> Date Daytime Phone #		

54058276



06032004 Chg-P CR2E034 (10/03)