


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000091264 1. Entity Name D&M WINDOW DECORATING, INC.	
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Principal Place of Business 1905 NORTH OCEAN BLVD. UNIT #14D FORT LAUDERDALE, FL 33305	Mailing Address 1905 NORTH OCEAN BLVD. UNIT #14D FORT LAUDERDALE, FL 33305
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07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-1020154	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRASNA, GARY M P.A.
3010 N MILITARY TR STE 210
BOCA RATON, FL 33431**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CICCONI, DOMENICK A 1905 NORTH OCEAN BLVD., UNIT #14-D FORT LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CICCONI, MARSHA K 1905 NORTH OCEAN BLVD., UNIT#14D FORT LAUDERDALE, FL 33305
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07/14/05-80012-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Domenick A. Ciccone 7/12/05 954-563-9530