

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000091264

1. Entity Name
D&M WINDOW DECORATING, INC.



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**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1020154

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CICCONI, DOMENICK A
STREET ADDRESS 1905 NORTH OCEAN BLVD., UNIT #14-D
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE S
NAME CICCONI, MARSHA K
STREET ADDRESS 1905 NORTH OCEAN BLVD., UNIT#14D
CITY-ST-ZIP FORT LAUDERDALE, FL 33305

TITLE
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STREET ADDRESS
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U00000532871
01/22/07-80008-025 158.75

**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 #

Domenick Ciccone 11/17/06 954-563-9570