

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90013 014 \*\*\*150.00

<b>DOCUMENT # P02000127933</b> 1. Entity Name <b>CUSTOM ON-SITE WINDOW COVERING CLEANERS, INC.</b>					
Principal Place of Business <b>1804</b> <b>1360 S OCEAN BLVD STE 1902</b> <b>POMPANO BCH FL 33062</b>				Mailing Address <b>1340</b> <b>1360 S OCEAN BLVD STE 1902 1804</b> <b>POMPANO BCH FL 33062</b>	
2. Principal Place of Business <b>1340 S. Ocean Blvd</b>				3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. <b>1804</b>				Suite, Apt. #, etc.	
City & State <b>Pompano Beach FL</b>				City & State	
Zip <b>33062</b>		Country <b>USA</b>		Zip	
Country		Country		4. FEI Number <b>11-3666002</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DEVITO, JOSEPH R</b> <b>1360 S OCEAN BLVD STE 1902</b> <b>POMPANO BCH FL 33062</b> <div style="text-align: center; margin-top: 10px;"><b>delete</b></div>				7. Name and Address of New Registered Agent Name <b>Helene Kramer</b> Street Address (P.O. Box Number is Not Acceptable) <b>1340 S. Ocean Blvd # 1804</b> City <b>Pompano Beach FL</b> Zip Code <b>33062</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 <b>Helene Kramer</b> DATE <b>3/10/04</b> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>KRAMER, HELENE</b> <b>1360 S OCEAN BLVD STE 1902</b> <b>POMPANO BCH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>DEVITO, JOSEPH R</b> <b>1360 S OCEAN BLVD STE 1902</b> <b>POMPANO BCH FL 33062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Helene Kramer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>3/10/04</b> Daytime Phone # <b>954 579 0791</b>	

*Attachment*

*66409342*

*340/1031*

*# P02 000127933*

MAR. 3, 2004

TO WHOM IT MAY CONCERN,

I, Joseph R DeVito hereby resigns as President of Custom On-site  
Window Covering Cleaners Corp. as of Mar 3, 2004.

Joseph R DeVito

*Joseph R. DeVito*