


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 029 ***150.00

DOCUMENT # P03000013520

1. Entity Name
FERRO WINDOW TINTING, INC.



Principal Place of Business
**359 SOUTHWEST DUXBURY AVE.
PORT ST. LUCIE, FL 34983**

Mailing Address
**359 SOUTHWEST DUXBURY AVE.
PORT ST. LUCIE, FL 34983**

94055122



2. Principal Place of Business
6157 WESTERN WAY
Suite, Apt. #, etc.

3. Mailing Address
6157 WESTERN WAY
Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State
LAKE WORTH FL

City & State
LAKE WORTH, FL

4. FEI Number
20-0976530

Applied For
 Not Applicable

Zip
33463

Country
U.S.

Zip
33463

Country
U.S.

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

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 CORAL WAY 4TH FLOOR
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name
DONNA FERRO

Street Address (P.O. Box Number is Not Acceptable)
6157 WESTERN WAY

City
LAKE WORTH

State
FL

Zip Code
33463

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: *Donna Ferro* DATE: **4/09/04**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRO, DONNA 359 SOUTHWEST DUXBURY AVE. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRO, DONNA 6157 WESTERN WAY LAKE WORTH, FL 33463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRO, DOMINICK 359 SOUTHWEST DUXBURY AVE. PORT ST. LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRO, DOMINICK 6157 WESTERN WAY LAKE WORTH, FL 33463 <input checked="" 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

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: *Donna Ferro* DATE: **4/09/04** (561) 433-1642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #