


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000033239</b> 1. Entity Name <b>UNITED WINDOW, INC.</b>	
--	---

Principal Place of Business <b>204 AMANA AVE BRANDON, FL 33510</b>	Mailing Address <b>204 AMANA AVE BRANDON, FL 33510</b>
---	---



02262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3769913</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22 ST 4 FLR MIAMI, FL 33145</b>
--

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable).

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LUNA, GREGORIO 204 AMANA AVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, JOEL F 204 AMANA AVE BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000451575  
03/01/06-80060-002 158.75

**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 lists empowered.

SIGNATURE: Gregorio Luna 2-25-06 813-363-8181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #