2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 14, 2007 8:00 am Secretary of State DOCUMENT # P03000033239 03-14-2007 90021 002 ***158.75 1. Entity Name UNITED WINDOW, INC. Principal Place of Business Mailing Address 204 AMANA AVE 204 AMANA AVE BRANDON, FL 33510 BRANDON, FL 33510 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 59-3769913 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22 ST 4 FLR MIAMI, FL 33145 City Zip Code 8. The above named exity submits this statement for the perpase 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. 10-07 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TITLE □ Change Addition NAME LUNA, GREGORIO NAME STREET ADDRESS 204 AMANA AVE STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP TITLE Z Delete ☐ Change ☐ Addition NAME GONZALEZ, JOEL F NAME STREET ADDRESS 204 AMANA AVE STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33510 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

ATTACHMENT 40035099 Division of Corporations



Annual Report

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Documen	t Number	
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Business E		
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UNITED WINDOW, INC.		
FEI Number	593:169913	
FEI Number Status	✓ Listed Above ← Applied For ← Not Applicable	
Certificate of Status Desired	G Yes C No \$8.75 each	
Election Campaign Financing Trust Fund Contribution	C Yes No	
Principal Pla	ace of Business	
Address 2004	AMMA DUE	

Suite, Apt. #, etc.

City, State

Zip Code & Country 33510

Mailing Address

Address

Suite, Apt. #, etc.

City, State BRADDOU
Zip Code & Country 33516

Name and Address of Registered Agent

, FZ

Name (Last, First, Middle, Title)		,	, , ,	_
- OR -				
Business to serve as RA	SPIEGEL	& UTEERA	, PP	
Address (PO Box is not acceptable	:) <i> 1840 S<u>u</u></i>	0 2257. 4F	LR.	
Suite, Apt. #, etc.	MAMi			
City, State	33145	, I	FL	
Zip Code & Country				

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If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. Λ business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	NAST
Name (Last, First, Middle, Title)	LUNA, EPROPRIO,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	204 AMAWA AVE
City, State	BRANDOU, FL
Zip Code & Country	33510
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	,
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , , ,

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entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title
Officer/Director Signature

Depositor

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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