ANNUAL REPORT

DOCUMENT # P03000049402

1. Entity Name
D AND D WINDOW CLEANING, INC

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

Principal Place of Business	Mailing Address
7905 W. GRANADA BLVD. MIRAMAR, FL 33023	7905 W. GRANADA BLVD. MIRAMAR, FL 33023

02262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
21-6822001
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOLINA, JAIME
7905 W. GRANADA BLVD.
MIRAMAR, FL 33023

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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 JAIME MOLINA 2-26-06
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, 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	PD
NAME	MOLINA, JAIME
STREET ADDRESS	7905 W. GRANADA BLVD.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VD
NAME	MOLINA, ALEYDA
STREET ADDRESS	7905 W. GRANADA BLVD.
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

MRR300451500
03/10/06-80057-005 158.75

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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: JAIME A. MOLINA 2-26-06 305 790 3633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #