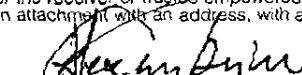


FILED

Feb 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P03603070086				Feb 28, 2006 08:00 AM	
1. Entity Name ABC WINDOWS & PRESSURE CLEANING INC				Secretary of State	
Principal Place of Business 8023 LAGO DE CAMPOS BLVD TAMARAC FL 33321		Mailing Address 8023 LAGO DE CAMPOS BLVD TAMARAC FL 33321			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number NO-T APPLICABLE	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LATIN NETWORK CONSULTANTS INC 1820 N CORPORATE LAKES BLVD UNIT 104 WESTON FL 33326				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ 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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May 1 Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	CAMBEIRO, ALEXANDER	NAME			
STREET ADDRESS	8023 LAGO DE CAMPOS BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	CAMBEIRO, JYLIENE	NAME			
STREET ADDRESS	8023 LAGO DE CAMPOS BLVD	STREET ADDRESS			
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			President 02/21/06 954-8168		