## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2007 8:00 am Secretary of State

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ANNUAL REPORT	
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AMERICAN WINDOW CLEANING SERVICES, INC. Fincipal Place of Busines (177) 640,000,004 AVENUE 640 DOUGLAS AVENUE SUITE # 1504 SUITE # 1504 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Johns Parkway 3850 St. Johns Porkway Suite, Apt. #, etc. Suite, Apt. #, etc 03072007 CR2E034 (12/06) City & State Applied For City\_& State 4 FELNumber Sanfor 58-2676760 Not Applicable Country US Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BÁRRIOS, RENE PRESID. 640 DOUGLAS AVENUE SUITE # 1504 O. Box Number is Not Acceptable) ALTAMONTE, FL 32714 8. The above thing dentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. P/S/T/D **PSTD** TITLE Change ☐ Delete TITLE ☐ Addition Barrios, NAME BARRIOS, RENE NAME 3850 St. Johns Parkway 640 DOUGLAS AVENUE. SUITE # 1504 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Defete TITLE ☐ 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-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition ☐ Change 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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 particles empowered to execute his 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: €