


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90058 015 \*\*\*150.00

<b>DOCUMENT # P03000087858</b>	
1. Entity Name WINDOWS PROFESSIONAL, INC.	

Principal Place of Business 1631 W 33RD PLACE HIALEAH, FL 33012	Mailing Address 1631 W 33RD PLACE HIALEAH, FL 33012
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2. Principal Place of Business - No P.O. Box # 1745 W. 33 PLACE Suite, Apt. #, etc.	3. Mailing Address 1745 W. 33 PLACE Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33012	Country U.S.A.

4. FEI Number  
52-7326631

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

04242007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MARCUS, ALAN K ESQ 1320 S DIXIE HIGHWAY SUITE 1045 CORAL GABLES, FL 33146	
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7. Name and Address of New Registered Agent Name ROGER ALTER Street Address (P.O. Box Number is Not Acceptable) 10001 W. OAKLAND PARK BLVD SUITE 200 City FORT LAUDERDALE FL Zip Code 33351	
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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: *Roger Alter* DATE: 4/24/07

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SENDON, CAROLINA 1631 W 33RD PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLINA SENDON 1745 W. 33 PLACE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NUNEZ, JOSE 1631 W 33RD PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOSE NUNEZ 1745 W. 33 PLACE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUERTO, JAIME 1631 W 33RD PLACE HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAIME PUERTO 1745 W. 33 PLACE HIALEAH, FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: 4-27-07 DAYTIME PHONE #: 305-364-9952

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR