

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133275

1. Entity Name
READY WINDOW INTERNATIONAL CO., INC.



Principal Place of Business

501 SW 71 AVE.
MIAMI, FL 33144

Mailing Address

2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

2. Principal Place of Business

3645 NW 50 ST
Suite, Apt. #, etc.

3. Mailing Address

3645 NW 50 ST
Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33142

Country

USA

Zip

33142

Country

USA



01192004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A&P REGISTERED AGENT, INC.
2450 SW 137TH AVE., SUITE 221
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name A&A Registered Agent, Inc.
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SUAREZ, RICARDO E
STREET ADDRESS 5745 SW 97TH STREET
CITY-ST-ZIP PINECREST, FL 33156

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #