


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000018025 1. Entity Name MIRACLE WINDOW CLEANING INC.	
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Principal Place of Business 171 EAST 28TH STREET RIVIERA BEACH, FL 33404	Mailing Address PO BOX 530123 LAKE PARK, FL 33403
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**DO NOT WRITE IN THIS SPACE**

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0642463	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FOLTZ, RICKEY L 2 GEORGE STREET WEST PALM BEACH, FL 33405	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. FOLTZ, RICKEY L 2 GEORGE STREET WEST PALM BEACH, FL 33405
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05/20/08-80050-020 150.00

**DO NOT WRITE IN THIS SPACE**

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; that 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 in Block 12 if attached with an address, with all other like empowered.

SIGNATURE: K. Rickey L Foltz Rickey L Foltz 424-08 561 312-7684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #