


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90033 029 \*\*\*158.75

<b>DOCUMENT # P04000171052</b>					
1. Entity Name <b>MARINE WINDOW SYSTEMS INC</b>					
Principal Place of Business <b>3921 SW 47TH AVENUE SUITE 1019 FT. LAUDERDALE FL 33314</b>			Mailing Address <b>2269 S. UNIVERSITY DRIVE #372 FT. LAUDERDALE FL 33324</b>		
2. Principal Place of Business <b>3921 SW 47th Ave</b>		3. Mailing Address <b>3921 SW 47th Ave</b>			
Suite, Apt. #, etc. <b>Suite 1019</b>		Suite, Apt. #, etc. <b>Suite 1019</b>			
City & State <b>DAVIE, FL</b>		City & State <b>DAVIE, FL</b>		4. FEI Number <b>20-2112913</b>	
Zip <b>33314</b>	Country <b>USA</b>	Zip <b>33314</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ALFORD, JAY 3208 CANAL DRIVE #4 POMPANO BEACH FL 33062</b>			7. Name and Address of New Registered Agent Name <b>JADE MCGAUCHA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2901 NW 5TH STREET</b> City <b>POMPANO BEACH FL</b> Zip Code <b>33069</b>		
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 <b>JADE MCGAUCHA, PRES.</b> (NOTE: Registered Agent Signature required when reinstating) DATE <b>03/10/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFORD, JAY 3208 CANL DRIVE #4 SUITE 1019 POMPANO BEACH FL 33062 <input checked="" 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	VP RUCHER, RALPH 106 NE 2ND PLACE DANIA BEACH FL 33004 <input checked="" 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	ST MCGAUCHA, JADE 2901 NW 5TH STREET POMPANO BEACH FL 33069 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: <b>JADE MCGAUCHA</b> 03/10/05 954-585-6497 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



1st MOORE CR2E034 (10/04)