# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 09, 2008**
**Secretary of State**

DOCUMENT# P05000126662

**Entity Name:** WINDOWS BY BODE, INC.

**Current Principal Place of Business:**

2324 NW 192ND AVE.
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

2324 NW 192ND AVE.
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number: 20-3476815** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BODE, EUGENE
2324 NW 192ND AVE.
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: BODE, EUGENE
Address: 2324 NW 192ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete
Name: BODE, OLGA E
Address: 2324 NW 192ND AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MD (X) Delete
Name: BODE, OSCAR
Address: 2171 SW 176 AVE
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE BODE PD 07/09/2008

Electronic Signature of Signing Officer or Director — Date