

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000091994

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** LEXMAR WHOLESALE WINDOW FASHIONS, INC.

**Current Principal Place of Business:**

1712 SW BILTMORE ST  
PORT ST LUCIE, FL 34984 US

**New Principal Place of Business:**

2520 NW 16TH LANE  
4  
POMPANO BEACH, FL 33064 US

**Current Mailing Address:**

1712 SW BILTMORE ST  
PORT ST LUCIE, FL 34984 US

**New Mailing Address:**

2520 NW 16TH LANE  
4  
POMPANO BEACH, FL 33064 US

**FEI Number:** 27-1267117

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAUER, ANTHONY  
1712 SW BILTMORE ST  
PORT ST LUCIE, FL 34984 US

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

LAUER, MICHAEL R  
2520 NW 16TH LANE  
4  
POMPANO BEACH, FL 33064 US

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: MICHAEL R LAUER

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LAUER, MICHAEL R  
Address: 2520 NW 16TH LANE SUITE 4  
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: VP  
Name: LAUER, ANTHONY  
Address: 2520 NW 16TH LANE SUITE 4  
City-St-Zip: POMPANO BEACH, FL 33064 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL R LAUER

P

03/22/2011

Electronic Signature of Signing Officer or Director

Date