

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000033343

1. Entity Name
SOUTH BROWARD WINDOW CLEANING, INC. II



Principal Place of Business

[REDACTED] US

Mailing Address

[REDACTED] US

South Broward Window Cleaning

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASSUTO, GARY
4410 NW 92ND WAY
SUNRISE, FL 33351

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: CASSUTO, GARY
STREET ADDRESS: 4410 NW 92ND WAY
CITY-ST-ZIP: SUNRISE, FL 33351

TITLE: ST
NAME: CASSUTO, NORMA
STREET ADDRESS: 7835 GRANVILLE DR
CITY-ST-ZIP: TAMARAC, FL 33321

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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 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

**FILED
May 08, 2006 8:00 am
Secretary of State**

05-08-2006 90295 002 ***150.00

4410 N.W. 92nd Way
Sunrise, FL 33351



04102006 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-2730310 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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IN THIS SPACE**

Date

Day/Off Phone #

4-20-06 (954) 748-5825