


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90100 044 ***150.00

DOCUMENT # P93000073459 1. Entity Name DISCOUNT WINDOW COVERINGS, INC.			
Principal Place of Business 531 BARBN LN DAVIE, FL 33325 US		Mailing Address 531 BARBRI LN DAVIE, FL 33325 US	
2. Principal Place of Business 16357 NW 14 St. Suite, Apt. #, etc.		3. Mailing Address P.O. box 821211 Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33028		Zip 33082-1211	
Country USA		Country USA	
4. FEI Number 65-0446807		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTANEDA, ENOC 531 BARBRI LANE DAVIE, FL 33325 <i>new address</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16357 NW 14 St. City Pembroke Pines FL Zip Code 33028	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS NAME CASTANEDA, XIOMARA STREET ADDRESS 531 BARBRI LANE CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE PS NAME CASTANEDA, XIOMARA STREET ADDRESS 531 BARBRI LANE CITY-ST-ZIP DAVIE, FL 33325	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME CASTANEDA, ENOC STREET ADDRESS 531 BARBRI LANE CITY-ST-ZIP DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE VT NAME CASTANEDA, ENOC STREET ADDRESS 531 BARBRI LANE CITY-ST-ZIP DAVIE, FL 33325	<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: <u><i>Enoc Castaneda</i></u> - ENOC CASTANEDA 4/19/04 (954) 499-6462 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			