

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 03, 2005 8:00 am**  
**Secretary of State**

06-03-2005 90001 002 \*\*\*150.00

<b>DOCUMENT # P94000023293</b> 1. Entity Name <b>R.D. WINDOW AND CARPET CLEANING, INC.</b>					
Principal Place of Business <b>1110 NE 163RD ST. #7 N MIAMI BCH, FL 33162 US</b>			Mailing Address <b>1110 NE 163RD ST. #7 N MIAMI BCH, FL 33162 US</b>		
2. Principal Place of Business <b>12875 NE 14<sup>th</sup> Ave</b> Suite, Apt. #, etc.			3. Mailing Address <b>12875 NE 14<sup>th</sup> Ave</b> Suite, Apt. #, etc.		
City & State <b>North Miami, FL</b> Zip <b>33161</b>		City & State <b>12875 NE 14<sup>th</sup> Ave</b> Zip <b>33161</b>		4. FEI Number <b>65-0601656</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DESVAENNES, RONY</b> <b>1110 NE 163RD ST. #7</b> <b>NORTH MIAMI BEACH, FL 33162</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DESVAENNES, RONY 1110 NE 163RD ST. #7 N MIAMI, FL 33162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Jerome weissen</b> <b>3801 NE 207 Street, #1404</b> <b>Aventura, FL 33180</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD DESVAENNES, MARIE B 1110 NE 163RD ST., #7 N MIAMI, FL 33162	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					
<b>SIGNATURE:</b> _____ <b>5/5/05</b> <b>305-947-8866</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					