

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P94000040775

1. Entity Name

WINDSOR FURNITURE AND CARPET, INC.



**FILED
Feb 16, 2005 8:00 am
Secretary of State**

02-16-2005 90057 005 ***150.00

Principal Place of Business

452 NE 8TH ST
HOMESTEAD FL 33030
US

Mailing Address

452 NE 8TH ST
HOMESTEAD FL 33030
US

20011337

2. Principal Place of Business

30 WASHINGTON Av. 28350 S.W. 157th Ct

3. Mailing Address

28350 S.W. 157th Ct

Suite, Apt. #, etc.

10

Suite, Apt. #, etc.

10

City & State

HOMESTEAD, FLA

City & State

HOMESTEAD, FLA

Zip

33030

Country

U.S.A

Zip

33033

Country

USA

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0530514

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERSAUD, PETER A
452 NE 8TH ST.
HOMESTEAD FL 33030

PETER A. PERSAUD
28350 S.W. 157th Ct
Homestead, FL 33033

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

7. Name and Address of New Registered Agent

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election/Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

PETER A. PERSAUD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PERSAUD, BIBI
STREET ADDRESS 452 NE 8TH ST E
CITY-ST-ZIP HOMESTEAD FL 33030

28350 S.W. 157th Ct
Homestead, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME PERSAUD, PETER
STREET ADDRESS 452 NE 8TH ST.
CITY-ST-ZIP HOMESTEAD FL 33030

PETER A. PERSAUD
28350 S.W. 157th Ct
Homestead, FL 33033

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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 when addressed to either like empowered.

SIGNATURE:

PETER A. PERSAUD

2-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #