

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2005 90057 005 ***150.00

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1. Entity Name

WINDSOR FURNITURE AND CARPET, INC.



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 AVE.

3. Mailing Address

28350 S.W. 157th Ct.



Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

HOMESTEAD, FLA

City & State

HOMESTEAD, FLA

4. FEI Number

65-0530514

Applied For

Not Applicable

Zip

33030

Country

U.S.A

Zip

33033

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	PERSAUD, BIBI	28350 S.W. 157th Ct	33033	Change	Addition
NAME			Homestead, FL			
STREET ADDRESS		452 NE 8TH ST				
CITY-ST-ZIP		HOMESTEAD FL 33030				
TITLE	D	PERSAUD, PETER	PETER A. PERSAUD		Change	Addition
NAME			28350 S.W. 157th Ct			
STREET ADDRESS		452 NE 8TH ST				
CITY-ST-ZIP		HOMESTEAD FL 33030				
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
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TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE					Change	Addition
NAME						
STREET ADDRESS						
CITY-ST-ZIP						

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 which I am empowered.

SIGNATURE:

Peter A. Persaud

2-10-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #