

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P94000040775

1. Entity Name  
WINDSOR FURNITURE AND CARPET, INC.



**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
30 WASHINGTON AVE  
HOMESTEAD, FL 33030 US

Mailing Address  
28350 SW 157TH CT  
HOMESTEAD, FL 33033 US



03272007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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  
28350 SW 157TH CT  
HOMESTEAD, FL 33033

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00

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

U00000685369  
04/09/07-20004-007 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME PERSAUD, BIBI  
STREET ADDRESS 28350 SW 157TH CT  
CITY - ST - ZIP HOMESTEAD, FL 33033

TITLE D  
NAME PERSAUD, PETER  
STREET ADDRESS 28350 SW 157TH CT  
CITY - ST - ZIP HOMESTEAD, FL 33033

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IN THIS SPACE**

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 full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-247-9277