2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Feb 08, 2007 08:00 AM DOCUMENT # P96000015517 1. Entity Namo **Secretary of State** WINDOWS OF THE WORLD II, INC. Principal Place of Business Mailing Addross 1855 GRIFFIN ROAD 1855 GRIFFIN ROAD DCOTA BLDG. A-350 DANIA BEACH FL 33004 DCOTA BLDG. A-350 DANIA BEACH FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0642051 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo -NAJMAN, SONIA Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN RD. DCOTA BLDG-A-350 DANIA BEACH FL 33004 City 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition UTIF ☐ Delete HH NAJMAN, SONIA NAME NAME U000000628295 1855 GRIFFIN ROAD DCOTA BLDG. A-350 STREET ADDRESS SIREL LADDRESS 02/16/07-80009-018 158.75 DANIA BEACH FL 33004 CHY-SI-7P CHY SE ZIP Addisin HHI ☐ Delete Change NAM SIDEE LADORESS SHILL ADDRESS CITY SI-78 CITY ST-ZIP HILL Delete Change Alkani STREET ADDRESS STREET ADDRESS CITY ST 70° CITY ST-ZIP 13315 ☐ Delete HILE Change NAME NAME STREET ADDRESS STREET ADDRESS CHY SI-7P CITY ST-707 ☐ Delete 1000 Change ☐ Addition 35515 NAM NAME STREET ADDRESS SIBLET ADDRESS CHY SLZIP CHY SI-702 ☐ Addition ISSEE Delete HITTE Change NAME MANUT STREET ADDRESS SIREET ADDRESS CITY ST 7IP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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 it changed, or on an attachment with an address, with all other like empowered.

G OFFICER OR DIRECTOR