2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 02, 2004 8:00 am
Secretary of State
04-02-2004 90062 037 ***158.75

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01172004 Chg-P CR2E034 (10/03)

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1. Entity Name
MICHAEL'S WINDOWS, INC.

Principal Place of Business	Mailing Address
1603 E. SAMPLE RD POMPANO BEACH, FL 33064 US	1603 E. SAMPLE ROAD POMPANO BEACH, FL 33064 US

2. Principal Place of Business		3. Mailing Address	
5127 N. DIXIE HIGHWAY		5127 N. DIXIE HIGHWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DEERFIELD BEACH, FL		City & State: DEERFIELD BEACH, FL	
Zip: 33064	Country: U.S.	Zip: 33064	Country: U.S.

4. FEI Number 65-0733380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADDIS, HOWARD
~~1603 E SAMPLE RD~~ 5127 N. DIXIE HIGHWAY
~~POMPANO BEACH, FL 33064~~ DEERFIELD BEACH, FL 33064

7. Name and Address of New Registered Agent

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] 1/21/04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT ADDIS, HOWARD 1603 E. SAMPLE RD POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5127 N. DIXIE HIGHWAY DEERFIELD BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ADDIS, LINDA 1603 E. SAMPLE ROAD POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5127 N. DIXIE HIGHWAY DEERFIELD BEACH, FL 33064	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 with an address, with all other like empowered.

SIGNATURE [signature] 1/21/04 954 782 4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #