

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P97000027842

1. Entity Name  
VIEW WINDOWS, INC.



**FILED  
Aug 20, 2007 8:00 am  
Secretary of State**

08-20-2007 90056 039 \*\*\*150.00

Principal Place of Business  
14371 SW 139 CT  
MIAMI, FL 33187

Mailing Address  
15430 SW 158 ST  
MIAMI, FL 33187

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

07032007 Chg-P CR2E034 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
65-0745205

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

Name

RODRIGUEZ, MIGUEL  
15430 SW 158 ST  
MIAMI, FL 33187

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE P/T  
NAME RODRIGUEZ, MIGUEL  
STREET ADDRESS 15430 SW 158 ST  
CITY-ST-ZIP MIAMI, FL 33187

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE S  
NAME RODRIGUEZ, ANA M  
STREET ADDRESS 15430 SW 158 ST  
CITY-ST-ZIP MIAMI, FL 33187

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME *Rodríguez Miguel Jr.*  
STREET ADDRESS *15430 SW 158 ST*  
CITY-ST-ZIP *MIAMI, FL 33187. U/P.*

Delete

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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

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 all other like empowered.

**SIGNATURE:** *John W*

*8/15/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #