

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L56905

Entity Name: N.R. WINDOWS, INC.**Current Principal Place of Business:**4348 WESTROADS DR.
WEST PALM BEACH, FL 33407**Current Mailing Address:**4348 WESTROADS DR
WEST PALM BEACH, FL 33407 US**FEI Number:** 65-0172590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHAMSHAD, NOSHAD A
4348 WESTROADS DR
WEST PALM BEACH, FL 33407 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SHAMSHAD, NOSHAD
Address	4348 WESTROADS DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP
Name	ALI, SHAHZAD
Address	4348 WESTROADS DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	MALUT, RAMACHANDRAN K
Address	4348 WESTROADS DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	OFFICER
Name	MABUTI, MAXIMIANO
Address	4348 WESTROADS DR
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY
Name	ISHRAT, SULTANA
Address	4348 WESTROADS DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ISHRAT SULTANA**SECRETARY****04/24/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date