

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 05, 2005  
Secretary of State**

DOCUMENT# N96000001468

Entity Name: ASSOCIATION OF SHUTTER MANUFACTURERS, INC.

**Current Principal Place of Business:**

PO BOX 126100  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 126100  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 65-0650711      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BERGER, JAMES  
350 EAST LAS OLAS BLVD. #1000  
FT. LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BECKER, LENNARD  
Address: PO BOX 126100  
City-St-Zip: HIALEAH, FL 33012

Title: D      ( ) Delete  
Name: DIAZ, ROSARIO  
Address: PO BOX 126100  
City-St-Zip: HIALEAH, FL 33012

Title: D      ( ) Delete  
Name: SPENCER, DOREEN  
Address: PO BOX 126100  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNARD BECKER

P

05/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date