

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90197 047 \*\*\*150.00

DOCUMENT # *P000000065509*

1. Entity Name

*American storm shutters corp*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*18368 S.W. 15457*

3. Mailing Address

*same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*miami FL*

City & State

4. FEI Number

*651023285*

Applied For

Not Applicable

Zip

Country

*33187*

*Dade*

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE	<i>Rafael J Medina</i>
NAME	<i>Rafael J Medina</i>
STREET ADDRESS	<i>18368 S.W. 15457</i>
CITY - ST - ZIP	<i>miami FL 33187</i>
TITLE	<i>(President)</i>
NAME	<i>(President)</i>
STREET ADDRESS	<i>(President)</i>
CITY - ST - ZIP	<i>(President)</i>
TITLE	<i>Edenia J Medina</i>
NAME	<i>Edenia J Medina</i>
STREET ADDRESS	<i>(same)</i>
CITY - ST - ZIP	<i>vice president &amp; secretary</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/31/03*

Daytime Phone #

CR2E034B (12/02)