


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90162 037 \*\*\*150.00

<b>DOCUMENT # P00000106800</b>			
1. Entity Name <b>WEST PALM HURRICANE SHUTTERS, INC.</b>			
Principal Place of Business 3220 SOUTHWEST 4TH STREET MIAMI, FL 33135		Mailing Address 3220 SOUTHWEST 4TH STREET MIAMI, FL 33135	
2. Principal Place of Business <i>2205 Lake Drive</i>		3. Mailing Address <i>2205 Lake Drive</i>	
Suite, Apt. #, etc. <i>BLDG A Apt #208</i>		Suite, Apt. #, etc. <i>BLDG A Apt #208</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33166</i>		Zip <i>33166</i>	
Country		Country	
4. FEI Number <b>65-1054925</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MONTALVO, LUIS A</b> 3220 SW 4TH MIAMI, FL 33135		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State <b>FL</b>		State <b>FL</b>	
Zip Code		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 _____		DATE _____	
<small>Signature, typist or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when administering)</small>	
FILED NOW WITH FEE IS \$160.00 Also, May 7, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVO, LUIS A	NAME	
STREET ADDRESS	3220 SW 4TH STREET	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33135	CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVO, EDUARDO	NAME	
STREET ADDRESS	3220 SW 4TH STREET	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33135	CITY-STATE-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTALVO, ADALBERTO	NAME	
STREET ADDRESS	3220 SW 4TH STREET	STREET ADDRESS	
CITY-STATE-ZIP	MIAMI, FL 33135	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
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: _____		Date: <i>4/25/03</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E034 (10/02)