


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90007 031 ***150.00

DOCUMENT # P02000020391
 1. Entity Name
K SHUTTER, INC.



Principal Place of Business 1705 CATTLEMEN ROAD UNIT S4 SARASOTA, FL 34232	Mailing Address 1705 CATTLEMEN ROAD UNIT S4 SARASOTA, FL 34232
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04037220



DO NOT WRITE IN THIS SPACE

03132004 No Chg-P CR2E034 (10/03)
 01-0611254
 4. FEI Number 04-0611254 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6.- Name and Address of Current Registered Agent
 CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH, FL 33139

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUILAR, HECTOR
STREET ADDRESS	1705 CATTLEMEN ROAD
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 reports 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:  **4-15-04** **941-377-7070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #