

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079641

FILED
Mar 12, 2007
Secretary of State

Entity Name: ON-TRAC SECURITY STORM SHUTTERS, INC

Current Principal Place of Business:

1370 WEST 36 STREET
HIALEAH, FL 33012 US

New Principal Place of Business:

6863 WEST 4 AVE
HIALEAH, FL 33014 US

Current Mailing Address:

1370 WEST 36 STREET
HIALEAH, FL 33012 US

New Mailing Address:

14359 MIRAMAR PKWY
BAY 143
MIRAMAR, FL 33027 US

FEI Number: 11-3782254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CACERES, ROLANDO A
1370 WEST 36 STREET
HIALEAH, FL 33012 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CACERES, ROLANDO A
Address: 1370 WEST 36 STREET
City-St-Zip: HIALEAH, FL 33012 US

Title: V () Delete
Name: CACERES, ROLANDO
Address: 4180 SW 149 TERR
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLANDO CACERES

V.P.

03/12/2007

Electronic Signature of Signing Officer or Director

_____ Date