## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P06000104209** 04-11-2007 90041 037 \*\*\*150.00 QUEST HURRICANE SHUTTERS INC. 40057264 Principal Place of Business Mailing Address 10103 SW 164TH PL 10103 SW 164TH PL MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-5350733 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEGRIA, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 10103 SW 164TH PL MIAMI, FL 33196 Zip Code FL 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. (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. SECRETARY ANGIE M ALEGRIA TITLE ☐ Defete TITLE Addition ALEGRIA, GUILLERMO NAME NAME 10103 SW 164 PL. 10103 SW 164TH PL STREET ADDRESS STREET ADDRESS MIANI FLULIDA 33196 CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-21P VPD ☐ Change TITLE ☐ Delete TITLE ☐ Addition ALEGRIA, MANUEL NAME NAME STREET ADDRESS 10103 SW 164TH PL STREET ADDRESS CITY-ST-7IP MIAMI, FL 33196 CITY-ST-7IP Addition Delete Change TITLE TITLE ALEGRIA, MARTA NAME STREET ADDRESS STREET ADDRESS 10103 SW 164TH PL CITY - ST- ZIP MIAMI, FL 33196 CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

R OR DIRECTOR

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

FILED