

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000104209

FILED  
Jan 25, 2009  
Secretary of State

Entity Name: QUEST HURRICANE SHUTTERS INC.

**Current Principal Place of Business:**

13375 SW 128 ST  
UNIT 109  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

10103 SW 164TH PL  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 20-5350733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALEGRIA, GUILLERMO  
10103 SW 164TH PL  
MIAMI, FL 33196      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: PD ( ) Delete  
Name: ALEGRIA, GUILLERMO  
Address: 10103 SW 164TH PL  
City-St-Zip: MIAMI, FL 33196

Title: VPD ( ) Delete  
Name: ALEGRIA, MANUEL  
Address: 10103 SW 164TH PL  
City-St-Zip: MIAMI, FL 33196

Title: TD ( ) Delete  
Name: ALEGRIA, MARTA  
Address: 10103 SW 164 PL  
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete  
Name: ALEGRIA, ANGIE M  
Address: 10103 SW 164 PL  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: GUILLERMO ALEGRIA

PD

01/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date