


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90034 002 ***150.00

DOCUMENT # P06000010668 1. Entity Name MAULINI SHUTTERS CORP																													
Principal Place of Business 12635 SW 91 #205 MIAMI, FL 33186			Mailing Address 12635 SW 91 #205 MIAMI, FL 33186																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 20-4253840				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MAULINI, ALEJANDRO M 12635 SW 91 #205 MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PVP</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAULINI, ALEJANDRO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12635 SW 91 #205</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> <td></td> </tr> </table>			TITLE	PVP	<input type="checkbox"/> Delete	NAME	MAULINI, ALEJANDRO M		STREET ADDRESS	12635 SW 91 #205		CITY-ST-ZIP	MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PRESIDENT</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MAULINI, ALEJANDRO M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12635 SW 91 ST #209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33186</td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MAULINI, ALEJANDRO M.		STREET ADDRESS	12635 SW 91 ST #209		CITY-ST-ZIP	MIAMI FL 33186	
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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>[Signature]</i></u> <u><i>[Signature]</i></u> <u>1-28-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													