

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90004 044 ***150.00

DOCUMENT # F05000004745

1. Entity Name
AAA HURRICANE SHUTTERS INC.



Principal Place of Business

Points West Plaza
5180 West Atlantic Avenue Suite 119
Delray Beach FL 33484

Mailing Address

Points West Plaza
5180 West Atlantic Avenue Suite 119
Delray Beach FL 33484

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262006

Chg-P

CR2E034 (11/05)

4. FEI Number

25-1460174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUBERSKY, STEVEN W
10280 CAMELBACK LANE
BOCA RATON, FL 33498

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 **STEVEN W. LUBETSKY, ESQUIRE VICE PRESIDENT**

JULY 26, 2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **LUBETSKY, MORRIS**
STREET ADDRESS **6427 POINTE PLEASANT CIRCLE**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ Delete
NAME **Vice President**
STREET ADDRESS **Lubetsky Steven W.**
CITY-ST-ZIP **10280 Camelback Lane**
Boca Raton FL 33498

TITLE ☐ Delete
NAME **Secretary**
STREET ADDRESS **Perelstine Francine J.**
CITY-ST-ZIP **21772 Little Bear Way**
Boca Raton FL 33428

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Delete
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

TITLE ☐ Change ☐ Addition
NAME **---**
STREET ADDRESS **---**
CITY-ST-ZIP **---**

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: **Morris Lubetsky President MORRIS LUBETSKY JULY 26, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #