

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 10, 2007
Secretary of State**

DOCUMENT# L06000064040

Entity Name: ANDES SHUTTERS LLC

Current Principal Place of Business:

8680 NW 4 STREET
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

PO BOX 245396
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-5096527 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DURAN, ADRIANA
8680 NW 4 STREET
PEMBROKE PINES, FL 33024 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DURAN, JOSEPH A
Address: 8680 NW 4 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR () Delete
Name: MORALES, MARIA A
Address: 8680 NW 4 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: DURAN, ADRIANA
Address: 8680 NW 4 STREET
City-St-Zip: PEMBROKE PINES, FL 33024

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ADRIANA DURAN

MGR

09/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date