


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 004 ***158.75

DOCUMENT # M97672			
1. Entity Name CALIFORNIA SHUTTERS, INC.			
Principal Place of Business 7795 W 20TH AVE HIALEAH, FL 33014 US		Mailing Address 7795 W 20TH AVE HIALEAH, FL 33014 US	
2. Principal Place of Business - No P.O. Box # 16480-92 NW 48th AVE Suite, Apt. #, etc.		3. Mailing Address 16480-92 NW 48th AVE Suite, Apt. #, etc.	
City & State MIAMI GARDENS FL		City & State MIAMI GARDENS FL	
4. FEI Number 65-0077567		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CUMMINS, MARLISE 7795 W 20TH AVE HIALEAH, FL 33014		7. Name and Address of New Registered Agent Name CUMMINS, MARLISE Street Address (P.O. Box Number is Not Acceptable) 16480-92 NW 48th AVE City MIAMI GARDENS FL Zip Code 33014	
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. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALOMON, ANA <input type="checkbox"/> Delete 1504 NW 183 TERR PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALOMON, EDMOND <input checked="" type="checkbox"/> Delete 1504 NW 183 TERR PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SALOMON, EDMOND JR. <input type="checkbox"/> Delete 9545 S.W. 25 CT. MIRAMAR, FL 33029	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALOMON, Edmond Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9545 SW 25 CT MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUMMINS, MARLISE S. <input type="checkbox"/> Delete 16901 SW 63RD MANOR SOUTHWEST RANCHES, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUMMINS, GEORGE <input type="checkbox"/> Delete 16901 SW 63RD MANOR SOUTHWEST RANCHES, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUMMINS, GEORGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16901 SW 63RD MANOR SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Ana Salomon</u>		Date: <u>02-05-08</u> (305) 827-9333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	