
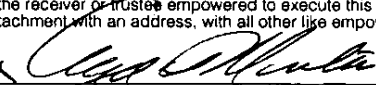


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 034 \*\*\*\*61.25

<b>DOCUMENT # N06000008880</b> 1. Entity Name RC ADVANCED SHUTTERS SYSTEMS ASSOCIATION, INC.					
Principal Place of Business 2805 NW 75TH AVE MIAMI, FL 33122			Mailing Address 2805 NW 75TH AVE MIAMI, FL 33122		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VILLALOBOS, RICHARD 1320 S DIXIE HWY STE #820 CORAL GABLES, FL 33146-2963				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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLALOBOS, RICHARD		NAME		
STREET ADDRESS	1320 S DIXIE HWY STE #820		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331462963		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASARES, RAUL		NAME		
STREET ADDRESS	2805 NW 75TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	V-PRES / DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESTRES, ANGEL		NAME		
STREET ADDRESS	2805 NW 75TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33122		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	SEC/TRES / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	NANCY VIAS	
STREET ADDRESS			STREET ADDRESS	2805 N.W. 75TH AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL. 33122	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 617, 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: 			X		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		