## 2006 FOR PROFIT CORPORATION

## FILED Jan 25, 2006 08:00 AM

		IVAL IX			i	Secretary of State
DOCUMENT # P0000 1. Entity Name AIRCON SHUTTERS, INC.		0017412			Secretary of State	
Principal Place of Business 17805 N.W. 79 COURT HIALEAH, FL 33015		_Mailing Address 17805 N.W. 79 COURT = HIALEAH, FL 33015				
		RITE IN THIS SPAC		CE	01122006 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of HIDALGO, ARMANDO 17805 N.W. 79 COURT HIALEAH, FL 33015		Current Registered Agent		DO NOT WRITE IN THIS SPACE		
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 it applicable. (NOTE: Registered Agent signature required when reinstating)  OATE						
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  8. Election Campaign Financing Trust Fund Contribution.				noing \$5.	.00 May 8e ed to Fees	
10.	<del></del>	CERS AND DIRE	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIDALGO, ARMANDO 17805 N.W. 79 COUR' HIALEAH, FL 33015					1100000404040
TITLE NAME STREET ADDRESS GITY-57-28P	STD HIDALGO, CAROLINE 17805 N.W. 79 COUR HIALEAH, FL 33015					02/02/06-80029-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
title Manie Street address City-St-Zrp						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 previous empowered of execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.						
SIGNATURE: WHILE HURS OF SIGNING OFFICER OR DIRECTOR DEL CONTROL DE CONTROL D						