

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000091876**

1. Entity Name  
**DIVERSIFIED SHUTTER SALES, INC.**



**Principal Place of Business**

**7860 W. 25 TH AVE  
HIALEAH, FL 33016**

**Mailing Address**

**C/O DOUGLAS W. BIGGERS  
526 ALLENDALE RD  
KEY BISCAYNE, FL 33149**



03102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1045299**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MAIER, GERALD  
19430 NW 6TH STREET  
HOLLYWOOD, FL 33029**

**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 if applicable.

(NOTE: Registered Agent signature required when re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TARANTINO, NICK  
STREET ADDRESS 7382 BIG CYPRESS CT.  
CITY-ST-ZIP MIAMI, FL 33016

TITLE VPD  
NAME MAIER, GERALD  
STREET ADDRESS 19430 NW 6TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE TD  
NAME BUZZELLA, DAVID R  
STREET ADDRESS 4984 COURTLAND LOOP  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VPDS  
NAME MAIER, GERALD  
STREET ADDRESS 19430 NW 6TH STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000264500  
03/16/05-80017-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #