

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

PS 1 of 2

<b>DOCUMENT # P01000005651</b> 1. Entity Name <b>AMERICAN SHUTTERS, INC</b>			
2. Principal Place of Business <b>43 W. 30 St</b> Suite, Apt., #, etc. <b>#2</b>		3. Mailing Address <b>Same</b> Suite, Apt., #, etc.	
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>	
Zip <b>33012</b>		Zip <b>33012</b>	
Country <b>US</b>		Country <b>US</b>	
4. FCI Number <b>051068541</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SOLARES, CARLOS A.</b> <b>43 W. 30 St</b> <b>#2</b> <b>MIAMI FL 33012</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number's Not Applicable) City State Code <b>FL</b> 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:			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PSD</b> NAME <b>CARLOS SOLARES</b> STREET ADDRESS <b>43 W. 30 St #2</b> CITY, ST, ZIP <b>MIAMI FL 33012</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 complies with the requirements stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 registered 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, changed or on an attachment with an address, with a change, or as otherwise indicated.			
SIGNATURE:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

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REINSTATEMENT

3/15/04



04192004 Chg-P CR2E034 (10/03)

4/19/04

TR

PS 2 22

April 19, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Rafael Toro  
International Accounting Consultants, Inc  
10511 N Kendall Drive  
Ste # C-103  
Miami, FL 33176

**RE: American Shutters, Inc (Doc # P01000005651)**

Dear Sir or Madam:

I am the accountant for the above mentioned corporation filed in the State of Florida. I would like to state in this letter, that the corporation, American Shutters, Inc. (P01000005651) DID NOT receive the original annual business reports for 2003 and 2004. For this reason, I am requesting the late fees be removed. Attached are the UBRs for both years. I have already submitted a check for \$150.00 for 2003 and 2004 UBR filing. This check has been deposited into your account. Please accept our apologies and waive the late fees, and most importantly, reactivate the corporation.

I ensure you, that our UBR will be filed in a timely manner every year.

Best regards,



Rafael Toro