

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000012075

1. Entity Name
TECHWOOD SHUTTERS, INC.



Principal Place of Business
**1101 N.W. 31ST AVENUE
POMPAÑO BEACH, FL 33069**

Mailing Address
**2 PARK WAY
UPPER SADDLE RIVER, NJ 07458**



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1097802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPKINS, MARVIN 2 PARK WAY SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MEHRA, ATIT 2 PARK WAY SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KHAN, GORDON 2 PARK WAY SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GOTTUSO, RICHARD 2 PARK WAY UPPER SADDLE RIVER, NJ 07458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRD, MICHAEL 1101 NW 31 AVE POMPAÑO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000119123
04/19/04-80086-021 150.00

**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

3/29/04 201-760-4209

Date

Daytime Phone #