

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90056 032 ***150.00

DOCUMENT # P01000016500 1. Entity Name ECLIPSE SCREEN & SHUTTERS, CORP.			
Principal Place of Business 5913 NW 102 AVE MIAMI, FL 33178		Mailing Address 5913 NW 102 AVE MIAMI, FL 33165	
2. Principal Place of Business - No P.O. Box # 5913 NW 102 Ave. Suite, Apt. #, etc.		3. Mailing Address 5913 NW 102 Ave. Suite, Apt. #, etc.	
City & State Miami, FL Zip 33178 Country US		City & State Miami, FL Zip 33178 Country US	
4. FEI Number 65-0404158		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 SAAVEDRA, CARLOS F 3120 SW 114TH AVE. MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>[Signature]</i></u> DATE <u>4/20/07</u> <small>(NOTE: Registered Agent signature required when registering.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SAAVEDRA, CARLOS F STREET ADDRESS 3120 SW 114TH AVE. CITY-ST-ZIP MIAMI, FL 33165	<input type="checkbox"/> Delete	TITLE Manager NAME Carlos Saavedra Sr. STREET ADDRESS 4736 NW 114 Ave. CITY-ST-ZIP Miami, FL 33178	<input type="checkbox"/> Change <input checked="" 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
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
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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/20/07</u> TELEPHONE # <u>305 216 4716</u> <small>DATE TELEPHONE #</small>	