
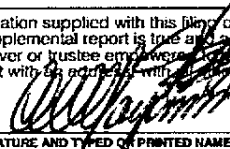


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000030607</b>		
1. Entity Name <b>CALLEJA'S ACCORDION SHUTTERS, INC.</b>		
Principal Place of Business <b>295 WEST 27TH STREET HIALEAH, FL 33010 US</b>	Mailing Address <b>295 WEST 27TH STREET HIALEAH, FL 33010 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CALLEJA, SERGIO T 295 WEST 27TH STREET HIALEAH, FL 33010</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CALLEJA, SERGIO T 295 WEST 27TH STREET HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD CAYON, JORGE 295 WEST 27TH STREET HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 file 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 a duly authorized employee.		
SIGNATURE: 		01-06-05 (305) 884-3039
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1089021**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

100000174900  
01/10/05-80030-006 150.00

**DO NOT WRITE  
IN THIS SPACE**