


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90480 004 ***150.00

| | | | | | |
|---|--------------------|-------------------------|--|--|-----------------------|
| DOCUMENT # <u>PO1000038356</u> | | | |  | |
| 1. Entity Name <u>SHUTTERS Professional, Inc</u> | | | | | |
| Principal Place of Business <u>2611 W 60th PL</u> <u>HiAteah FL</u> <u>33016</u> | | | Mailing Address <u>2611 W 60th PL</u> <u>HiAteah FL</u> <u>33016</u> | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| 4. Suite, Apt. #, etc. | | | 5. Suite, Apt. #, etc. | | |
| 6. City & State | | | 7. City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number: <u>65-1092816</u> | |
| | | | | 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 <u>Cruz Hector</u> <u>2611 W 60th PL</u> <u>HiAteah FL 33016</u> | | | 7. Name and Address of New Registered Agent | | |
| | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | NAME | STREET ADDRESS | TITLE | NAME | STREET ADDRESS |
| <input type="checkbox"/> Delete | <u>Cruz Hector</u> | <u>2611 W 60th PL</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | <u>HiAteah FL 33016</u> | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| <input type="checkbox"/> Delete | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>[Signature]</u> | | | Date: <u>05-03-04</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |