


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000036834
 1. Entity Name
 M.C. SHUTTERS CORP.



Principal Place of Business Mailing Address
 11381 SW 129 CT. 11381 SW 129 CT.
 MIAMI, FL 33186 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 02-0589025 Not Applicable

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

6. Name and Address of Current Registered Agent
 CESPEDES, MIGUEL
 13050 SW 120 ST
 MIAMI, FL 33186

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CESPEDES, MIGUEL
STREET ADDRESS	13050 SW 120TH ST.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VT
NAME	CESPEDES, RAUL
STREET ADDRESS	11381 SW 129 CT.
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/18/07-80052-008 150.00

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:   04-28-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #