

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

04-26-2004 90500 023 ***100.50
 05-17-2004 90020 006 ****49.50

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1. Entity Name
PARDO'S SHUTTERS, INC.



Principal Place of Business
 11450 SW 117 CT.
 MIAMI, FL 33186 US

Mailing Address
 11450 SW 117 CT.
 MIAMI, FL 33186 US

24076374



01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3690889

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PARDO, RAIMUNDO
 11450 SW 117 CT
 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, 2004 Fee will be \$550.00

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

~~000000124015~~ *A.H*
~~04/22/04 00027-022 150.00~~

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, RAIMUNDO 11450 SW 117 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARDO, FELIX R 11221 N.W. 1ST STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAINEGRA, YOHANDRA M 11450 SW 117 CT 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Raimundo Pardo* **Raimundo Pardo** **04/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #