

# 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

**DOCUMENT # P02000066328**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D
NAME	PARDO, RAIMUNDO
STREET ADDRESS	11450 SW 117 CT
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	D
NAME	PARDO, FELIX R
STREET ADDRESS	11221 N.W. 1ST STREET
CITY- ST- ZIP	MIAMI, FL 33172
TITLE	D
NAME	MAINEGRA, YOHANDRA M
STREET ADDRESS	11450 SW 117 CT
CITY- ST- ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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: Raimundo Pardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

Daytime Phone #