


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 023 ***150.00

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| DOCUMENT # P03000049989 | |  | |
| 1. Entity Name FAMILY SHUTTERS, CORP. | | | |
| Principal Place of Business 2612 ACAPULCO DRIVE MIRMAR, FL 33023 | | Mailing Address 1043 TWIN LAKES DR CORAL SPRINGS, FL 33071 | |
| 2. Principal Place of Business | | 3. Mailing Address 1043 Twin lakes Dr. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Coral Springs FL | |
| Zip | Country | Zip 33071 | Country |



01282005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 20-0019102 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent BRAVO, ADA F 3600 S SR 7 STE 220 MIRAMAR, FL 33023 | | 7. Name and Address of New Registered Agent Name Rene Mejia Street Address (P.O. Box Number is Not Acceptable) 1043 Twin Lakes Dr. City Coral Springs FL Zip Code 33071 | |
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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 *Rene Mejia* (NOTE: Registered Agent signature required when reinstating) DATE 1/28/05

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT MEJIA, RENE 2612 ACAPULCO DRIVE MIRAMAR, FL 33023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVS HICKEY, JAMES 7933 MERIDIAN ST HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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: *Rene Mejia* DATE 1/28/05 DAYTIME PHONE # 954-701-4119