

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-11-2004 90018 021 ***150.00

DOCUMENT # P03000063596			
1. Entity Name ALL SHUTTERS SOLUTIONS, CORP			
Principal Place of Business 7003 NW 63RD STREET TAMARAC, FL 33321 US		Mailing Address 7003 NW 63RD STREET TAMARAC, FL 33321 US	
2. Principal Place of Business 7003 NW 63RD STREET		3. Mailing Address 7003 NW 63RD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMARAC FL		City & State TAMARAC FL	
Zip 33321		Country U.S.A.	
4. FEI Number 77-0600568		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTOS, CARLOS 7003 NW 63RD STREET TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: CARLOS MONTEGRO Street Address (P.O. Box Number is Not Acceptable): 5845 Eagle Cay Circle City: Coconut Creek FL Zip Code: 33073	
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: <i>[Signature]</i> DATE: 03/22/04 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 ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: QUINTOS, CARLOS STREET ADDRESS: 7003 NW 63RD STREET CITY-ST-ZIP: POMPANO BEACH, FL 33321	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VP NAME: MONTENEGRO, CARLOS STREET ADDRESS: 5845 EAGLE CAY CIRCLE CITY-ST-ZIP: COCONUT CREEK, FL 33073	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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: <i>[Signature]</i>		DATE: 03/22/04 DAYTIME PHONE #: 954-562-8888	

2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/11/2004-90018-021-\$150.00-\$150.00

Attachment
Reference # P03000063596

DOCUMENT # P03000063596 1. Entity Name ALL SHUTTERS SOLUTIONS, CORP						60407738	
Principal Place of Business 7003 NW 63RD STREET TAMARAC, FL 33321 US				Mailing Address 7003 NW 63RD STREET TAMARAC, FL 33321 US			
2. Principal Place of Business 7003 NW 63RD STREET Suite, Apt. #, etc.				3. Mailing Address 7003 NW 63RD STREET Suite, Apt. #, etc.			
City & State TAMARAC, FL				City & State TAMARAC, FL			
Zip 33321		Country U.S.A.		Zip 33321		Country U.S.A.	
4. FEI Number 77-0600568				Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				03062004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent QUINTOS, CARLOS 7003 NW 63RD STREET TAMARAC, FL 33321				7. Name and Address of New Registered Agent Name CARLOS MONTENEGRO Street Address (P.O. Box Number is Not Acceptable) 5845 Eagle Cay Circle City Coconut Creek FL Zip Code 33073			
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: <u><i>[Signature]</i></u> Signature (Typed name of registered agent and state if applicable)				DATE: 03/08/04 (NOTE: Registered Agent signature required when reappointing)			
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P QUINTOS, CARLOS 7003 NW 63RD STREET POMPANO BEACH, FL 33321			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MONTENEGRO, CARLOS 5845 EAGLE CAYK CIRCLE COCONUT CREEK, FL 33073			☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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)(1), 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><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 03/8/04 954 542 8888 Date Daytime Phone #			