

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097540

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: G & C SHUTTERS INSTALLATION INC.

**Current Principal Place of Business:**

18700 NW 47 COURT  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

18700 NW 47 COURT  
OPA LOCKA, FL 33055

**New Mailing Address:**

FEI Number: 20-0209652      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CASALLA, ALEXIS  
18700 NW 47 CT  
OPA LOCKA, FL 33055      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: CASALLA, ALEXIS  
Address: 18700 NW 47 CT  
City-St-Zip: OPA LOCKA, FL 33055

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Change (X) Addition  
Name: ADAN, VLADIMIR  
Address: 18700 NW 47 COURT  
City-St-Zip: OPALOCKA, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXIS CASALLA

PTE

04/07/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date