2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134642

FILED Apr 26, 2006 Secretary of State

Entity Name: OLIVA HURRICANE SHUTTERS PROTECTION, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
17360 SW 232 ST LOT 55 MIAMI. FL 33170				
viiAivii, ۱۲ ممارات Current Mailing Ad	dress:	New Mailing Addres	s:	
17360 SW 232 ST LOT 55 MIAMI, FL 33170				
FEI Number: 87-071368	4 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
OLIVA, JUAN M 17360 SW 232 STRI	EET			
LOT 55 MIAMI, FL 33170 U The above named er	ntity submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
LOT 55 MIAMI, FL 33170 U The above named er n the State of Florida	ntity submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
LOT 55 MIAMI, FL 33170 U The above named er in the State of Florida SIGNATURE:	ntity submits this statement for the p		d office or registered agent, or both, Date	
LOT 55 MIAMI, FL 33170 Unit The above named er In the State of Florida SIGNATURE: Ele	ntity submits this statement for the p a.			
LOT 55 MIAMI, FL 33170 Unit The above named er In the State of Florida SIGNATURE: Ele Election Campaign Fina	ntity submits this statement for the pa. ctronic Signature of Registered Age ancing Trust Fund Contribution ().	ent		
LOT 55 MIAMI, FL 33170 Use The above named er in the State of Florida SIGNATURE: Election Campaign Fina OFFICERS AND DII Title: DP Name: OLIVA, JU	ntity submits this statement for the pa. ctronic Signature of Registered Age ancing Trust Fund Contribution (). RECTORS: () Delete JAN M V 232 ST, LOT 55	ent	Date	

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: JUAN M. OLIVA PD 04/26/2006