

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000078993

**FILED**  
**Oct 06, 2005**  
**Secretary of State**

**Entity Name:** MONAGA SHUTTERS & WINDOWS CORP.

**Current Principal Place of Business:**

6055 W 19 AVE - APT 312  
HIALEAH, FL 33012

**New Principal Place of Business:**

2221 EAST 5TH ST  
APT. C21  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

6055 W 19 AVE - APT 312  
HIALEAH, FL 33012

**New Mailing Address:**

2221 EAST 5TH ST  
APT. C21  
LEHIGH ACRES, FL 33972

**FEI Number:** 20-1137071

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONAGA, ALEXANDER  
6055 W 19 AVE - APT 312  
HIALEAH, FL 33012 US

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

MONAGA, ALEXANDER PSTD  
2221 EAST 5TH ST  
APT. C21  
LEHIGH ACRES, FL 33972 US

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: ALEXANDER MONAGA

10/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MONAGA, ALEXANDER  
Address: 6055 W 19 AVE - APT 312  
City-St-Zip: HIALEAH, FL 33012

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

Title: PSTD (X) Change ( ) Addition  
Name: MONAGA, ALEXANDER  
Address: 2221 EAST 5TH ST APT. C21  
City-St-Zip: LEHIGH ACRES, FL 33972

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALEXANDER MONAGA

PSTD

10/06/2005

Electronic Signature of Signing Officer or Director

Date