

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000135147

1. Entity Name
S.O.S. SHUTTERS, INC.



Principal Place of Business
720 SW 73 CT.
MIAMI, FL 33144

Mailing Address
720 SW 73 CT.
MIAMI, FL 33144

FILED
Jul 22, 2008 08:00 AM
Secretary of State



05162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1682794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAPOLIS, SYLVIA
720 SW 73 CT.
MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000956026
07/22/08-80015-011 150.00
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	NAPOLIS, SYLVIA
STREET ADDRESS	720 SW 73 CT.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VD
NAME	NAPOLIS, ALEXANDER A
STREET ADDRESS	720 SW 73 CT.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VD
NAME	SOMEILLAN, RUBEN D
STREET ADDRESS	720 SW 73 CT.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	LORENZO-GUERRA, VIVIAN N
STREET ADDRESS	720 SW 73 CT.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sylvia Napoli
SYLVIA NAPOLIS
PRESIDENT
7/18/08
(786)
395-1924