

FILED
Feb 22, 2005 8:00 am
Secretary of State

DOCUMENT # P04000135232					
1. Entity Name ATLANTIC HURRICANE SHUTTERS, INC					
Principal Place of Business 528 EL VEDADO AVE ORLANDO, FL 32807 US			Mailing Address 528 EL VEDADO AVE ORLANDO, FL 32807 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
RODRIGUEZ, EDICER 220 FARRINGTON LANE KISSIMMEE, FL 34744					Name
					Street Address
					City
					State
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS					
TITLE	P		<input type="checkbox"/> Delete		TITLE
NAME	RODRIGUEZ, EDICER				NAME
STREET ADDRESS	220 FARRINGTON LANE				STREET ADDRESS
CITY - ST - ZIP	KISSIMMEE, FL 34744				CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
TITLE			<input type="checkbox"/> Delete		TITLE
NAME					NAME
STREET ADDRESS					STREET ADDRESS
CITY - ST - ZIP					CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 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					