

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 11 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01082008 REIN-P CR2E098 (1/07)

DOCUMENT # P04000146385	
1. Entity Name SHUTTER SOLUTIONS ENTERPRISE, INC.	

Principal Place of Business 6039 FILLMORE STREET HOLLYWOOD, FL 33024	Mailing Address 6039 FILLMORE STREET HOLLYWOOD, FL 33024
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2. Principal Place of Business - No P.O. Box # 6651 EVANS ST	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hollywood, FL	City & State
Zip 33024	Country BROWARD

4. FEI Number 30-0278809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERNANDEZ-CRIADO, RODOLFO 6039 FILLMORE STREET HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent Name Rodolfo Fernandez-Criado Street Address (P.O. Box Number is Not Acceptable) 6651 EVANS ST City Hollywood FL Zip Code 33024
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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)

FILE NOW!!! FEE IS \$225.00  
300.00

REINSTATEMENT  
07-08

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERNANDEZ-CRIADO, RODOLFO 6039 FILLMORE STREET HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300117726103 02/11/08--01048--012 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information required.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/11/08 Daytime Phone #

2/2

Rodolfo Fernandez-Criado  
6651 Evans Street  
Hollywood, FL 33024

Date 01/15/08

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Florida Department of State  
Division Of Corporations  
Corporate Records  
Tallahassee, FL 32314

RE: P04000146385

Dear Sir or Madam,

Please be advised that I did not receive the notice of renewal , attached  
please find my form and payment.

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Rodolfo Fernandez-Criado