2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/4/

FILED Apr 08, 2005 8:00 am Secretary of State

DOCUMENT # P04000162933 1. Entity Name ABC PROFESSIONAL SHUTTERS, CORP.				03-04-2005 90084 048 ***150.00
	:			
Principal Place of Business		Mailing Address	<u> </u>	1
13250 SW 128TH ST STE 106 MIAMI FL 33186		13250 SW 128TH ST STE 106 MIAMI FL 33186		L (1871) 188 511 FENT BY STA STAN GRIDE PAND GLID LYGIN 1874 1875 HIDE HIDE HIDE
	i			
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
City & State		City & State		4. FEI Number 20 - 2/358 78 Applied For Not Applicable
Zip	Country	Zip	Country	Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Curre	mt Registered Agent	- hiero in	7. Name and Address of New Registered Agent
	EZ, SERGIO		Name	
13250 SW 128TH ST STE 106 MIAMI FL 33186			Street Address	(P.O. Box Number is Not Acceptable)
			City	FL Zip Code
8. The above	e named entity submits this statemen	t for the purpose of changing it	ts registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obliga	tions of registered agent.		•	<i>f</i>
SIGNATURE	Signature, typed or printed name of registered a:	pent and title if applicable (NO	TE Registered Agent signature require	ad when revisiteing) DATE
After	FILE NOW!!! FEE IS:\$150.00 May 1; 2005 Fee Will Be \$550 k Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10.	erwage mingen er de greg en en er er er er er fan de geben er fan de geben er fan de geben er fan de geben er	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
FITLE	PD PAEZ CEROIO	☐ Delete	TITLE	Change Addition
STREET ADORESS	BÁEZ, SERGIO 13250 SW 128TH ST STE 106		NAME STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZP	
THILE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS	,		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
NAME		Celete	TOTLE	Change Addition
STREET ADDRESS			STREET ADDRESS	
TITLE	-	☐ Delete	TITLE	Change Addition
NAME Street address			NAME CIRCULADORES	;
CITY-ST-2IP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Celete	TITLE	☐ Change ☐ Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			C11X-21-56b	
TITLE NAME		☐ Delete	HILE	☐ Change ☐ Addition
STREET ADDRESS			NAME STREET ADDRESS	1
CITY-ST-ZIP	1:		CITY-ST-ZIP	
12. I hereby indicated of the co changed	certify that the information supplied of on this report or supplemental report or supplemental report or this tee elements of the receiver or this tee element with an address	with this filing does not qualify for it is true and accurate and that impowered to execute this report is, with all other like empowere	my signature shall have the rt as required by Chapter 60 d.	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: Jew /2 / President (305)259-7575				