

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000030945

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: A SHUTTER FOR YOU INC.

## Current Principal Place of Business:

14240 NE 18 AVE.  
NORTH MIAMI, FL 33181

## New Principal Place of Business:

## Current Mailing Address:

14240 NE 18 AVE.  
NORTH MIAMI, FL 33181

## New Mailing Address:

FEI Number: 20-2537039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRAMER, BARBARA  
3407 NE 168 ST  
N MIAMI BCH, FL 33160 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KRAMER, BARBARA  
Address: 3407 NE 168 ST  
City-St-Zip: N MIAMI BCH, FL 33160

Title: DV ( ) Delete  
Name: MERCADO, ISRAEL JR.  
Address: 1585 N E 159 STREET  
City-St-Zip: NORTH MIAMI BCH., FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA KRAMER

DP

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date