

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037964

FILED
May 28, 2009
Secretary of State

Entity Name: STAR SHUTTER PROTECTION INC

Current Principal Place of Business:

4782 N POWERLINE RD
SUITE 1
DEERFIELD BEACH, FL 33073

New Principal Place of Business:

6860 JULIA GARDENS DR
COCONUT CREEK, FL 33073

Current Mailing Address:

6860 JULIA GARDENS DR
COCONUT CREEK, FL 33073

New Mailing Address:

3840 W HILLSBORO BLVD
SUITE 215
DEERFIELD BEACH, FL 33442

FEI Number: 20-2487466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAVES, CAMILA A
4782 N POWERLINE RD
SUITE 1
DEERFIELD BEACH, FL 33073 US

Name and Address of New Registered Agent:

CHAVES, CAMILA A
6860 JULIA GARDENS DR
COCONUT CREEK, FL 33073 US

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:

05/28/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHAVES, THELMA
Address: 4782 N POWERLINE RD SUITE 1
City-St-Zip: DEERFIELD BEACH, FL 33073

Title: VD () Delete
Name: CHAVES, CAMILA
Address: 4782 N POWERLINE RD, SUITE 1
City-St-Zip: DEERFIELD BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAVES, THELMA
Address: 6860 JULIA GARDENS DR
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD (X) Change () Addition
Name: CHAVES, CAMILA
Address: 6860 JULIA GARDENS DR
City-St-Zip: COCONUT CREEK, FL 33073

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: CAMILA A. CHAVES

VP

05/28/2009

Electronic Signature of Signing Officer or Director

Date