2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000050286

1. Entity Name CENZANO' S RAIN GUTTERS CORP.

FILED Mar 07, 2008 08:00 A Secretary of State

Principal Place of Business

3200 SW 122 AVENUE MIAMI, FL 33175 Mailing Address

3200 SW 122 AVENUE MIAMI, FL 33175



No Chg-P

CR2E034 (11/05)

4.	FEI Number	
	20-2619690	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent						
CENZANO, EDUARDO 3200 SW 122 AVENUE MIAMI, FL 33175			, 1	NOT WRITE THIS SPACE		
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 bite if applicable. (NOTE Registered			Agent signature required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000850997 03/25/08-80021-005 150.00		
10.	OFFICERS AND DIREC	CTORS	3.64			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENZANO, EDUARDO 3200 SW 122 AVENUE MIAMI, FL 33175 VP ALVAREZ, BELKIS 3200 SW 122 AVENUE MIAMI, FL 33175					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIILE NAME STREET ADDRESS CITY-ST-ZIP						

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 cath; 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/08

305-229-7344.

Daytime Phone #