2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P05000120633

1. Entity Name

J. MORERA ADVANCED GUTTERS, INC.



Principal Place of Business

Mailing Address

26250 SW 183 COURT MIAMI, FL 33031 26250 SW 183 COURT MIAMI, FL 33031 FILED
May 07, 2007 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3759889 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORERA, JESUS F 26250 SW 183 COURT MIAMI, FL 33031 DO NOT WRITE IN 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 title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaigr Trust Fund Contrib	· -	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS			* ' . w:	

TITLE NAME MORERA, JESUS F STREET ADDRESS 26250 SW 183 COURT CITY-ST-ZIP MIAMI, FL 33031 D LEIZAN, CARLOS A NAME STREET ADDRESS 7532 SW 135 PLACE CITY-ST-ZIP MIAMI, FL 33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000761712 05/25/07-80066-003 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

04/20/07 (305)271-00 68

Daytime Phone #