

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000134407

1. Entity Name
E & S HURRICANE SHUTTERS AND MORE, CORP.



Principal Place of Business
**10710 NW 66 STREET APT 108
MIAMI, FL 33178**

Mailing Address
**10710 NW 66 STREET APT 108
MIAMI, FL 33178**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3572103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HURTADO, ESMERALDA
10710 NW 66 STREET APT 108
MIAMI, FL 33178**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HURTADO, ESMERALDA**
STREET ADDRESS **10710 NW 66 STREET APT 108**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **V**
NAME **MEJIA, STEVE L**
STREET ADDRESS **10710 NW 66 STREET APT 108**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000947147
06/02/08-80002-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 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

Date

Daytime Phone #