

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90035 048 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000150225 1. Entity Name EBENEZER HURRICANE SHUTTERS, INC.					
Principal Place of Business 35 W 44 ST. APT. D HIALEAH, FL 33012		Mailing Address 35 W 44 ST. APT. D HIALEAH, FL 33012			
2. Principal Place of Business - No P.O. Box # 75 W 60th St Suite, Apt. #, etc.		3. Mailing Address 75 W 60th St Suite, Apt. #, etc.			
City & State Hialeah FL Zip 33012		City & State Hialeah FL Zip 33012		4. FEI Number 20-3850961 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDINA, MARTIN 35 W 44 ST. APT. D HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Martin Medina Street Address (P.O. Box Number is Not Acceptable) 75 W 60 St City Hialeah FL Zip Code 33012	
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: <i>Martin Medina</i> 1/30/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MEDINA, MARTIN 35 W 44 ST. APT. D HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	75 Martin Medina 75 W 60 ST HIALEAH FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>Martin Medina</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/30/07 (305) 826 7854 <small>Date Daytime Phone #</small>		