

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155289

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: 360° HURRICANE SHUTTERS, INC.

## Current Principal Place of Business:

8362 PINES BLVD  
SUITE 361  
PEMBROKE PINES, FL 33024 US

## New Principal Place of Business:

## Current Mailing Address:

8362 PINES BLVD  
SUITE 361  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

FEI Number: 20-3858989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESPINOZA, MYRNA V  
8362 PINES BLVD  
SUITE 361  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: ESPINOZA, MYRNA V  
Address: 8362 PINES BLVD., SUITE 361  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VPD ( ) Delete  
Name: ESPINOZA, ERIC M  
Address: 8362 PINES BLVD., SUITE 361  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VPD ( ) Delete  
Name: ESPINOZA, DANNEL J  
Address: 8362 PINES BLVD., SUITE 361  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD ( ) Change (X) Addition  
Name: MARTINI, PABLO  
Address: 8362 PINES BLVD., SUITE 361  
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRNA VARELA ESPINOZA

PSTD

04/19/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date