

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90051 050 ***150.00

DOCUMENT # P05000161962					
1. Entity Name MAXIMUM SHUTTERS, INC.					
Principal Place of Business 2451 SAWYER TERRACE WELLINGTON, FL 33414 US			Mailing Address 2451 SAWYER TERRACE WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 990 STINSON WAY 209		3. Mailing Address 990 STINSON WAY 209			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ROYAL PALM BCH FL		City & State ROYAL PALM BCH FL			
Zip 33411-327		Country USA		4. FEI Number 05-0630212	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYES, JULIO 2451 SAWYER TERRACE WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME REYES, JULIO STREET ADDRESS 2451 SAWYER TERRACE CITY - ST - ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DIAZ, RAMON STREET ADDRESS 2451 SAWYER TERRACE CITY - ST - ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete		TITLE VP NAME REYES, ALVARO STREET ADDRESS 160 COCOPLUM LAKE CITY - ST - ZIP ROYAL PALM BCH FL 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TRS. NAME REYES, ROBERTO STREET ADDRESS 2451 SAWYER TERRACE CITY - ST - ZIP WELLINGTON, FL 33414	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SEC NAME REYES, DIANA STREET ADDRESS 2451 SAWYER TERRACE CITY - ST - ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP2 NAME MENESES, DIEGO STREET ADDRESS 2451 SAWYER TERRACE CITY - ST - ZIP WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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: 			ALVARO REYES - VICE PRESIDENT - 2/28/06 (561) 753-9511		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		