2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2008 8:00 am Secretary of State 02-07-2008 90027 046 ***150.00

DOCUMENT # P05000168156 1. Entity Name ALEMAN WINDOWS & SHUTTERS INC					02-07-2008 90027 046 *** 130.00				
Principal Place of Business		Mailing Address	Mailing Address			1022			
1000 W 51 PL		1000 W 51 PL			40029				
HIALEAH, FL	33012 US	HIALEAH, FL 33012	HALEAH, FL 33012 US						
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02042008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State	City & State			<u>f</u>	Applied For		
Zip Country		Zip Countr		ilry	20-4044731 5. Certificate of Status Desired			Not Applicable \$8.75 Additional	
			<u> </u>		<u> </u>			ee Require	
	- 6. Name and Address of Current	Registered Agent		Name	/, Name and	Address of New R	egistered A	gent	
ALEMAN, RAUL				Street Address (P.O. Box Number is Not Acceptable)					
1000 W 51 PL HIALEAH, FL 33012									
								1 7: 0 1	
				City		<u> </u>	FL	Zip Code	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Fid	orida. Tam fa	miliar with,	and accept
SIGNATURE						·			
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	i: Registale	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campai Trust Fund Contr			.00 May Be led to Fees				
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF			
TITLE NAME	P ALEMAN, RAUL	☐ Delete	TITL	J		* 2		☐ Change	Addition
STREET ADDRESS	1000 W 51 PL			ET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33012			-ST-ZIP					
TITLE NAME	VPS ALEMAN, ELAINE	☐ Delete	TITL	i		•		Change	Addition
STREET ADDRESS	1000 W SL PL		1	ET ADDRESS		· -			ĺ
CITY-ST-ZIP	HIALEAH, FL 33012		-	-ST-ZIP					
NAME	ALEMAN MIGUEL	Delete	TITL NAM	l l				Change	☐ Addition
STREET ADDRESS	2851 W 78 ST			ET ADDRESS -			-		
CITY-ST-ZIP	HACEAH, FL 33018	Delete	- CHY	-ST-ZIP				☐ Change	Addition
NAME	`	Li Delete	NAM	1		ř		C) Criange	☐ Mucmin
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	TITL	-ST-ZIP			<u>.</u>	☐ Change	Addition
NAME		☐ Delete	NAM	- 1				☐ Onlinge	(_) Addition
STREET ADDRESS City-St-Zip				EET ADDIRESS					
TITLE		☐ Delete	TITL					☐ Change	Addition
NAME			NAM	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
12. I hereby 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 changed, or on an attachment with an underest with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayling Propor.									
SISHAI	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR		Date	Da Da	vtime Phone 1	