

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-15-2007 90010 018 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

5/15

DOCUMENT # P06000011220			
1. Entity Name AMA SHUTTERS, INC			
Principal Place of Business 7072 VESUVIO PL BOYNTON BEACH, FL 33437		Mailing Address 7072 VESUVIO PL BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-415 9632		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWARTZ, PHILIP L ESQ. 2000 GLADES ROAD SUITE 208 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent's signature required when replacing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YALE, ARTHUR	NAME	
STREET ADDRESS	7072 VESUVIO PL	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, MARTIN F	NAME	
STREET ADDRESS	7072 VESUVIO	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33437	CITY-ST-ZIP	
TITLE	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDRE, SUBLETTE	NAME	
STREET ADDRESS	7072 VESUVIO PL	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Arthur Yale</u>		v6.1.2	
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR		Date	