
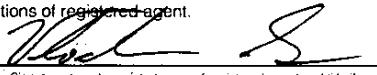
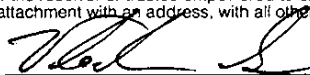


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90023 004 ***150.00

DOCUMENT # P06000020810 1. Entity Name SOSA HURRICANE SHUTTERS CORPORATION																																					
Principal Place of Business 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993			Mailing Address 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993																																		
2. Principal Place of Business - No P.O. Box # 2224 NW 5th St		3. Mailing Address 2224 NW 5th St																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State Cape Coral FL		City & State Cape Coral FL		4. FEI Number 20-4367614																																	
Zip 33993		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent SOSA, VLADIMIR 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993			7. Name and Address of New Registered Agent Name SOSA, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 2224 NW 5th St City Cape Coral FL Zip Code 33993																																		
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  DATE 02-05-08 <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, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P/S/T/D SOSA, VLADIMIR 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D SOSA, VLADIMIR 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> 2224 NW 5th St Cape Coral, FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2224 NW 5th St Cape Coral, FL 33993 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D SOSA, VLADIMIR 1101 EL DORADO BLVD NORTH CAPE CORAL, FL 33993 <input type="checkbox"/> Delete																																				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2224 NW 5th St Cape Coral, FL 33993 <input checked="" 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 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:  DATE 02-05-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																					