## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000025673

Entity Name: MAXIMA PROTECTION SHUTTERS, INC

FILED Apr 29, 2008 Secretary of State

Cullent	Principal Place of Business:	New Principal Place of Business:
9614 SW MIAMI, FL	20TH TERR. - 33165	3449 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426
Current I	Mailing Address:	New Mailing Address:
9614 SW MIAMI, FL	20TH TERR. - 33165	
FEI Numbe	r: 76-0818474 FEI Number Applied F	or ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name an	d Address of Current Registered A	gent: Name and Address of New Registered Agent:
	S, ORLANDO 20TH TERR. - 33165 US	
	e named entity submits this statement te of Florida.	for the purpose of changing its registered office or registered agent, or bo
	te of Florida.	t for the purpose of changing its registered office or registered agent, or bo
in the Stat	te of Florida.	
in the Stat	te of Florida. <sup>*</sup> JRE:	ered Agent Date
in the Stat	te of Florida.  JRE:  Electronic Signature of Regist	ered Agent Date
in the Stat	te of Florida.  JRE:  Electronic Signature of Regist  ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  VD () Delete  BARRIOS, ORLANDO  9614 SW 20TH TERR.	ered Agent Date
in the State SIGNATU  Election Ca  OFFICER  Title: Name: Address:	te of Florida.  JRE:  Electronic Signature of Regist  ampaign Financing Trust Fund Contribution  RS AND DIRECTORS:  VD () Delete  BARRIOS, ORLANDO  9614 SW 20TH TERR.  MIAMI, FL 33165  PD () Delete  BARRIOS, IVAN  9614 SW 20TH TERR.	ered Agent Date  n().  ADDITIONS/CHANGES TO OFFICERS AND DIRECT  Title: () Change () Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify 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: IVAN BARRIOS PD 04/29/2008