

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000034019

1. Entity Name
ALAMAR SHUTTERS, SALES & SERVICE CORP.



FILL

2007 APR -9 AM 11:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
4895 EAST 4 AVENUE
HIALEAH, FL 33013

Mailing Address
4895 EAST 4 AVENUE
HIALEAH, FL 33013



2. Principal Place of Business - No P.O. Box #

7110 SW 13 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

3. Mailing Address

7110 SW 13 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

03302007

Chg-P

CR2E034 (12/06)

4. FEI Number

74-3167591

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLAR, JACOBO
8035 SW 18 STREET
MIAMI, FL 33144

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

500097565085

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

04/19/07--01022--013 **158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
MENA, PEDRO L
4895 EAST 4 AVENUE
HIALEAH, FL 33013 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
T
BETANCOURT, EVANGELINA
4895 EAST 4 AVENUE
HIALEAH, FL 33013 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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CITY-STATE-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
PRESIDENT
SAYLI RODRIGUEZ
7110 SW 13 ST
MIAMI FL 33144 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-07

Date

Daytime Phone #

P/UP

Charter Number Only

4/6/07

Alamar Shutters Sales

Requestor's Name

7110 SW 13 Street

Address

Miami, FL 33144

City

State

ZIP

Phone

786

344-8143

(305)

926-2768

CORPORATION(S) NAME

VALIDATION ONLY

Alamar Shutters Sales & Service Corp.

P06000034019

() Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

☒ Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

() Certified Copy

() Photo Copies

() Certificate Under Seal

() Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028