

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039044

FILED  
Jul 26, 2007  
Secretary of State

Entity Name: SAFEGUARD SHUTTERS USA, INC.

## Current Principal Place of Business:

17707 NW MIAMI COURT  
NORTH MIAMI, FL 33169

## New Principal Place of Business:

1009 PARK CENTRE BLVD  
MIAMI, FL 33169

## Current Mailing Address:

17707 NW MIAMI COURT  
NORTH MIAMI, FL 33169

## New Mailing Address:

1009 PARK CENTRE BLVD  
MIAMI, FL 33169

FEI Number: 22-3922988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ZEMBEL, VITALE  
Address: 17707 NW MIAMI COURT  
City-St-Zip: NORTH MIAMI, FL 33169

Title: VD ( ) Delete  
Name: GOLIAKOV, DMITRI  
Address: 17707 NW MIAMI COURT  
City-St-Zip: NORTH MIAMI, FL 33169

Title: SD ( ) Delete  
Name: MASNEV, VLADIMIR  
Address: 17707 NW MIAMI COURT  
City-St-Zip: NORTH MIAMI, FL 33169

Title: TD (X) Delete  
Name: ALMAYEV, MYKHAYLO  
Address: 17707 NW MIAMI COURT  
City-St-Zip: NORTH MIAMI, FL 33169

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition  
Name: ZEMBEL, VITALE  
Address: 1009 PARK CENTRE BLVD  
City-St-Zip: MIAMI, FL 33169

Title: VD (X) Change ( ) Addition  
Name: GOLIAKOV, DMITRI  
Address: 1009 PARK CENTRE BLVD  
City-St-Zip: MIAMI, FL 33169

Title: PD (X) Change ( ) Addition  
Name: MASNEV, VLADIMIR  
Address: 1009 PARK CENTRE BLVD  
City-St-Zip: MIAMI, FL 33169

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GOLIAKOV DMITRI

VD

07/26/2007

Electronic Signature of Signing Officer or Director

Date