

FILED  
Jun 19, 2007 8:00 am  
Secretary of State

05-01-2007 90014 021 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P06000045715

1. Entity Name  
SHUTTERS PROTECTION SYSTEMS, INC.



Principal Place of Business

17256 NW 73 CT  
MIAMI, FL 33015

Mailing Address

17256 NW 73 CT  
MIAMI, FL 33015

66019430



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

15589 SW, 182 LN

3. Mailing Address

15589 SW, 182 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007

Chg-P

CR2E034 (12/06)

City & State

Miami FL

City & State

Miami FL

4. FEI Number

20-4608110

Applied For

Not Applicable

Zip

33187

Country

Zip

33187

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, JAVIER  
17256 NW 73 CT  
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name

Javier A. Gutierrez

Street Address (P.O. Box Number is Not Acceptable)

15589 SW, 182 LN

Miami FL

City

FL

Zip Code

33187

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 reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE PST ☐ Delete  
NAME GUTIERREZ, JAVIER  
STREET ADDRESS 17256 NW 73 CT  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P. ☒ Change ☐ Addition  
NAME Javier Gutierrez  
STREET ADDRESS 15589 SW, 182nd Ln.  
CITY-ST-ZIP Miami FL 33187-6814

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: X

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Javier Gutierrez

Date

Daytime Phone #