


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000048483 1. Entity Name APOLLO HURRICANE SHUTTERS, INC.	
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Principal Place of Business 1262 NW 3 AVENUE #2 FLORIDA CITY, FL 33034	Mailing Address 1262 NW 3 AVENUE #2 FLORIDA CITY, FL 33034
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 86-1164958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASARIEGO, OSCAR SR
 1262 NW 3 AVENUE #2
 MIAMI, FL 33178

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASARIEGO, OSCAR SR 1262 NW 3 AVENUE #2 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, JOSE 1262 NW 3 AVENUE #2 FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASARIEGO, OSCAR JR 1262 NW 3 AVENUE #2 FLORIDA CITY, FL 33034
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 01/14/08-80014-017 150.00

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:  **OSCAR CASARIEGO** 1-8-08 305-345-7290

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #