

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090133

Entity Name: ALUPRO HURRICANE SHUTTERS, INC.

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

1118 25TH ST
SUITE 7
WEST PALM BEACH, FL 33407

Current Mailing Address:

1118 25TH ST
SUITE 7
WEST PALM BEACH, FL 33407

New Principal Place of Business:

5020 CLARK ROAD
417
SARASOTA, FL 34233

New Mailing Address:

5020 CLARK ROAD
417
SARASOTA, FL 34233

FEI Number: 20-5163896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHECK MATE LICENSING SERVICE
4411 BEE RIDGE ROAD, #257
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

RYDZIK, KRZYSZTOF
28479 VILLAGEWALK BLVD
BONITA SPRINGS, FL 34135 US

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: KRZYSZTOF RYDZIK

07/09/2008

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: P () Delete
Name: RYDZIK, KRZYSZTOF
Address: 1118 25TH STREET, SUITE 7
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP () Delete
Name: NOWALSKI, ANDRZEJ
Address: 1118 25TH STREET, SUITE 7
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RYDZIK, KRZYSZTOF
Address: 28479 VILLAGEWALK BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: NOWALSKI, ANDRZEJ
Address: 53795 WHITBY WAY
City-St-Zip: SHELBY TOWNSHIP, MI 48316

Title: S () Change (X) Addition
Name: RYDZIK, KLAUDIA
Address: 28479 VILLAGEWALK BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

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: KRZYSZTOF RYDZIK

P

07/09/2008

Electronic Signature of Signing Officer or Director

Date