


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90330 031 \*\*\*150.00

<b>DOCUMENT # P06000097835</b>		
1. Entity Name <b>DOWELL HURRICANE SHUTTERS, INC.</b>		

Principal Place of Business <b>11511 NW 18 ST PEMBROKE PINES, FL 33026</b>	Mailing Address <b>11511 NW 18 ST PEMBROKE PINES, FL 33026</b>
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2. Principal Place of Business - No P.O. Box # <b>320 S. FLAMINGO ROAD</b>	3. Mailing Address <b>320 S. FLAMINGO ROAD</b>
Suite, Apt. #, etc. <b>Suite 360</b>	Suite, Apt. #, etc. <b>Suite 360</b>
City & State <b>PEMBROKE PINES - FL</b>	City & State <b>PEMBROKE PINES - FL</b>
Zip <b>33027</b>	Country <b>U.S</b>



01092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5273360</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARTINEZ, SERGIO A 11511 NW 18 ST PEMBROKE PINES, FL 33026</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 reappointing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SILVEIRA RODRIGUES, CLAITON DA 1110 S MILITARY TRAIL #303 DEERFIELD BCH, FL 33442</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MARTINEZ, SERGIO A 11511 NW 18 ST PEMBROKE PINES, FL 33026</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_