

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097835

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: DOWELL HURRICANE SHUTTERS, INC.

## Current Principal Place of Business:

320 S FLAMINGO RD  
SUITE 360  
PEMBROOKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

320 S FLAMINGO RD  
SUITE 360  
PEMBROOKE PINES, FL 33027

## New Mailing Address:

FEI Number: 20-5273360

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARTINEZ, PRISCILA F  
251 N.W. 78TH TERR #36 101  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

SILVEIRA RODRIGUES, CLAITON DA  
11511 NW 18 STREET  
PEMBROKE PINES, FL 33026 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: CLAITON DA SILVEIRA RODRIGUES

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SILVEIRA RODRIGUES, CLAITON DA  
Address: 1110 S MILITARY TRAIL #303  
City-St-Zip: DEERFIELD BCH, FL 33442

Title: D (X) Delete  
Name: MARTINEZ, PRISCILA F  
Address: 281 N.W. 78TH TERR #36-101  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: SILVEIRA RODRIGUES, CLAITON DA  
Address: 11511 NW 18 STREET  
City-St-Zip: PEMBROKE PINES, FL 33026

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: CLAITON DA SILVEIRA RODRIGUES

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date