

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017256

FILED
Jan 06, 2009
Secretary of State

Entity Name: ALUFAB HURRICANE SHUTTERS, INC.

Current Principal Place of Business:

13000 NW 38TH AVE
OPA LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

13000 NW 38TH AVE
OPA LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 65-0489540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDRADE, RICHARD D
1300 NW 38TH AVE
OPALOCKA, FL 33054 US

Name and Address of New Registered Agent:

ANDRADE, RICHARD D
1300 NW 38TH AVE
OPALOCKA, FL 33054 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: RICHARD D. ANDRADE

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRADE, ROBERT A
Address: 1553 NW 102ND DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD () Delete
Name: ANDRADE, RICHARD D
Address: 4812 NW 60TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: CFO () Delete
Name: MICHALOSKI, PAUL
Address: 663 PONCE DE LEON DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT ANDRADE

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date