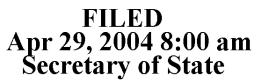
2004 FOR PROFIT CORPORATION ANNUAL REPORT



Country Zip Country Zip Country 5. Cortificate of Status Desired \$8.75 Additional Fee Required	DOCUMENT # P95000028850 1. Entity Name ALUROLL SHUTTER SYSTEMS, INC.			04-29-20	004 90354 014 ***150.00	
Suite, Apt. #, etc. City & State City & State Country Zip Country Zip Country Zip Country St. Conflicate of Status Desired \$8.75 Additional Fee Required Fee Requi	3747 S.W. 75TH AVENUE 4747 S.W. 75TH AVENUE		UE		10010	
City & State Country Country Country Country Size Country Size Country Size Country Size Country City FL City City FL City FL City City FL City FL City FL City City FL City FL City City FL City FL City City FL City City FL City City FL City FL City	2. Principal Place of Business 3. Mailing Address					
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 8. THE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00' Trust Fund Contribution. 9. Election Campaign Financing Addid to Fees FILE NOWILL FEE IS \$150.00' After May 1, 2004 Fee will be \$550.00' Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE PV ITTLE NAME RUEMMELE, KURT MAMMI, FL 33155 ITTLE MAMMI, FL 33155 ITTLE MAMMI, FL 33155 ITTLE NAME STREET ADDRESS CITY-ST-2P ITTLE STREET ADDRESS CITY-	, in the second				Applied For Not Applicable	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent alignature required when reinstaining) DATE	4747 S.W. 75TH AVENUE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		