


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000048977 1. Entity Name OCEAN SHUTTERS MANUFACTURING, INC.	
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Principal Place of Business 4900 NE 11TH AVE FT LAUDERDALE, FL 33334 US	Mailing Address 4900 NE 11TH AVE FT LAUDERDALE, FL 33334 US
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0626267	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARINO, LUCILLE 4900 NE 11TH AVE FT LAUDERDALE, FL 33334

**DO NOT WRITE
IN THIS SPACE**

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.

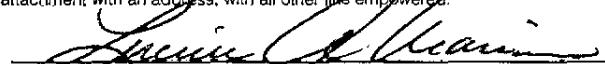
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000181006 01/14/05-80029-021 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARINO, LUCILLE 4900 NE 11TH AVE FT LAUDERDALE, FL 33334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PFEIFER, DOROTHY 1390 NW 70 TERRACE POMPAÑO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAZUR, MICHAEL 8030 NW 46 COURT FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROTTMUND, MARY A 1985 SCOTT STREET HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	01/05/05 <small>Date</small>	9544899797 <small>Daytime Phone #</small>
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