
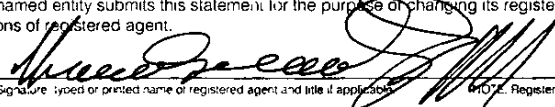


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90269 050 ***150.00

DOCUMENT # P95000076149 1. Entity Name H & B SHUTTERS, CORP.																							
Principal Place of Business 216 W 46 ST HIALEAH, FL 33012		Mailing Address 216 W 46 ST HIALEAH, FL 33012																					
2. Principal Place of Business 9250 SW 28TH ST Suite, Apt. #, etc.		3. Mailing Address 9250 SW 28TH ST Suite, Apt. #, etc.																					
City & State MIAMI, FL Zip 33165		City & State MIAMI, FL Zip 33165																					
4. FEI Number 65-0614522		Applied For <input type="checkbox"/> Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																					
6. Name and Address of Current Registered Agent ALVAREZ, HECTOR 216 W 46 ST HIALEAH, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9250 SW 28TH ST City MIAMI State FL Zip Code 33165																					
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  DATE 04.20.06 <small>Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PSTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALVAREZ, HECTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>216 W 46 ST</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>HIALEAH, FL 33166</td> <td></td> </tr> </table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	ALVAREZ, HECTOR		STREET ADDRESS	216 W 46 ST		CITY- ST- ZIP	HIALEAH, FL 33166		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9250 SW 28TH ST</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MIAMI, FL 33165</td> </tr> </table>		TITLE	[Change] <input checked="" type="checkbox"/> [Addition] <input type="checkbox"/>	NAME		STREET ADDRESS	9250 SW 28TH ST	CITY- ST- ZIP	MIAMI, FL 33165
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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 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: HECTOR ALVAREZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04.20.06 Daytime Phone # 305 2263443																					