
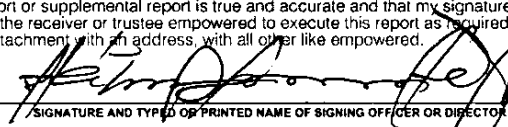


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90368 045 \*\*\*150.00

<b>DOCUMENT # P95000076149</b> 1. Entity Name <b>H &amp; B SHUTTERS, CORP.</b>					
Principal Place of Business <b>9250 SW 28TH ST MIAMI, FL 33165</b>			Mailing Address <b>7105 SW 8 ST 306 MIAMI, FL 33144</b>		
2. Principal Place of Business - No P.O. Box # <b>6990 NW 42 STREET</b>			3. Mailing Address Suite, Apt. #, etc. 		
City & State <b>MIAMI, FLORIDA</b>			City & State 		
Zip <b>33166</b>		Country <b>DODE</b>		Zip 	
Country 		4. FEI Number <b>65-0614522</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALVAREZ, HECTOR 9250 SW 8TH ST MIAMI, FL 33165</b>			7. Name and Address of New Registered Agent Name <b>ALVAREZ, HECTOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>3920 SW 89 COURT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33165</b>		
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 <b>03.28.08</b> <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE * NAME STREET ADDRESS CITY - ST - ZIP	PSTD ALVAREZ, HECTOR 9250 SW 28TH ST MIAMI, FL 33165	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		DATE <b>03.28.08</b>		DAYTIME PHONE # <b>305 226 3443</b>	
<b>HECTOR ALVAREZ</b>					