2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004
Secretary of State

DOCUMENT# P95000082559

Entity Name: A-SHUTTERS U.S.A., INC.

Current Principal Place of Business:

10117 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

New Principal Place of Business:

10125 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

Current Mailing Address:

10117 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

New Mailing Address:

10125 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

FEI Number: 65-0615129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARITON, JACK ESQ
100 S PINE ISLAND RD
STE 108
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALKESLASSI, DAVID
Address: 10117 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: DV ( ) Delete
Name: ALKESLASSI, SANDRA
Address: 10117 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALKESLASSI, DAVID
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: DV (X) Change ( ) Addition
Name: ALKESLASSI, SANDRA
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Change (X) Addition
Name: BAKER, CHARLES F
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID ALKESLASSI P 05/13/2004

Electronic Signature of Signing Officer or Director Date