


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90033 048 \*\*\*150.00

|   |  |                                 |   |   |  |
|---|--|---------------------------------|---|---|--|
| <b>DOCUMENT # P96000022974</b>  |  |                                 |   |    |  |
| 1. Entity Name<br><b>SHUTTERS R' US, INC.</b>   |  |                                 |   |   |  |
| Principal Place of Business<br><b>10235 S.W. 130 CT.<br/>MIAMI FL 33186</b>   |  |                                 | Mailing Address<br><b>10235 S.W. 130 CT.<br/>MIAMI FL 33186</b> |   |  |
| 2. Principal Place of Business  |  |                                 | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |  |                                 | Suite, Apt. #, etc.   |   |  |
| City & State  |  |                                 | City & State  |   |  |
| Zip   | Country  | Zip                             | Country   | 4. FEI Number <b>65-0649685</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>UCLES, MERARY<br/>10235 S.W. 130 CT.<br/>MIAMI FL 33186</b>   |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name <b>GILBERT KNOWLES</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10235 SW 130 CT</b><br>City <b>Miami FL</b> Zip <b>33186</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.<br>SIGNATURE <i>Gilbert Knowles</i> <b>GILBERT KNOWLES</b> <i>Merary Ucles</i> <b>MERARY UCLES</b> <b>1/24/05</b><br>(NOTE: Registered Agent signature required when reinstating) |  |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |                                 |   | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fees  |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>UCLES, MERARY<br/>10235 SW 130 CT.<br/>MIAMI FL 33186</b>       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VP<br/>KNOWLES, GILBERT<br/>10235 S.W. 130 CT.<br/>MIAMI FL 33186</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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**30005432**



1st MOORE CR2E034 (10/04)

12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.