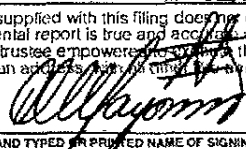


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000060634 1. Entity Name CALLEJA'S SHUTTERS, INC.					
Principal Place of Business 295 WEST 27TH STREET HIALEAH, FL 33010 US			Mailing Address 295 WEST 27TH STREET HIALEAH, FL 33010 US		
2. Principal Place of Business		3. Mailing Address		 01142004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 65-0687049				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLEJA, SERGIO T 9977 N.W. 127 TERRACE HIALEAH GARDENS, FL 33018				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reelecting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEJA, SERGIO T 9977 NW 127 TERRACE HIALEAH GARDENS, FL 33018	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAYON, JORGE 295 WEST 27TH STREET HIALEAH, FL 33010	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 sign 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, not on this report as required.			U00000008023 01/20/04-80048-004 150.00		
SIGNATURE: 			01/16/04 (905) 884-3939		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					