

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070210

FILED
Feb 16, 2004
Secretary of State

Entity Name: ACE SHUTTERS & SERVICES, INC.

Current Principal Place of Business:

9811 NW 80 AVE.
BAY 7-P
HIALEH GARDENS, FL 33014

New Principal Place of Business:

12901 N OCKEECHOBEE ROAD
E- 7
HIALEH GARDENS, FL 33018

Current Mailing Address:

8360 NORTHWEST 143RD TERRACE
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 65-0857675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROIG, LAZARO
Address: 8360 NORTHWEST 143RD TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: VSTD () Delete
Name: ROIG, NORMA
Address: 8360 NORTHWEST 143RD TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: NORMA ROIG

VSTD

02/16/2004

Electronic Signature of Signing Officer or Director

Date