2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2004
Secretary of State

DOCUMENT# P99000000049

Entity Name: ALL FLORIDA SHUTTERS CORPORATION

Current Principal Place of Business:

2102 S.W. HAYWORTH AVENUE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

6820 NW GARBETT STREET
PORT ST. LUCIE, FL 34983

Current Mailing Address:

2102 S.W. HAYWORTH AVENUE
PORT ST. LUCIE, FL 34953

New Mailing Address:

6820 NW GARBETT STREET
PORT ST. LUCIE, FL 34983

FEI Number: 65-0884874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA, EDWING
2102 SW HAYWORTH AVE.
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

SOSA, EDWING
6820 NW GARBETT STREET
PORT ST. LUCIE, FL 34983 US

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: EDWING SOSA 05/01/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOSA, EDWING
Address: 2102 SW HAYWORTH AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: SOSA, BLANCA
Address: 2102 SW HAYWORTH AVE.
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SOSA, EDWING
Address: 6820 NW GARBETT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Change ( ) Addition
Name: SOSA, BLANCA
Address: 6820 NW GARBETT STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

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: EDWING SOSA P 05/01/2004
Electronic Signature of Signing Officer or Director Date