SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

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DOCUMENT # P99000009886 1. Entity Name				10,5		
WOOD SHUTTERS BY VANESSA INC.				FILED		
Principal Place of Business		Mailing Address		O9 OCT 17 AM 11: 39		
1426 WEST 38 PLACE HIALEAH, FL. 33012		1426 WEST 38 PLACE HIALEAH, FL. 33012		SECRETARY OF STATE TALLAHASSEE FLORIDA		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 65 – 0892509 Applied For Not Applicable		
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	8. Name and Address of Current	Registered Agent	N	7. Name and Address of New Registered Agent		
RODRIGUEZ, MARIA M.			Name Street Addre	ss (P.O. Box Number is Not Acceptable)		
	26 WEST 38 PLACE					
HIALEAH, FL. 33012			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. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Comparison of the comparison						
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, MARI 1426 WEST 38 PL HIALEAH FL. 330	ACE	ITTLE NAME STREET ADDRESS CITY-ST-ZIP	5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARTINEZ, MANUE 1426 WEST 38 PL HIALEAH, FL. 33	□ Delete L A. ACE	NAME STREET ADDRESS CITY-ST-ZIP	5000034344865 -10/23/0001000000 ****150.00 ****150.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE		Delete	TITLE	☐ Change ☐ Addition		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	KE		
indicated		s true and accurate and that r owered to execute this report	my signature snall have as required by Chapter	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		

10-12-00

Daytime Phone #

WOOD SHUTTERS BY VANESSA INC. DOC.# PP99000009886

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I FURTHER STATE THAT I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

SINCERELY,

MARIA M. KODRIGUEZ

PRESIDENT