

FILED
Apr 18, 2007 8:00 am
Secretary of State

[REDACTED]

DOCUMENT # P99000012742 1. Entity Name HANES HURICANE SHUTTERS SERVICES, INC.				Secretary of State 04-18-2007 90166 029 ***150.00	
Principal Place of Business 319 NW 10TH TERR HALLANDALE, FL 33009		Mailing Address 319 NW 10TH TERR HALLANDALE, FL 33009		 04132007 Chg-P CR2E034 (12/06)	
2. Principal Place of Business - No P.O. Box # 219 NW 8th AVE.		3. Mailing Address 219 NW 8th AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HALLANDALE, FL		City & State HALLANDALE, FL		4. FEI Number 65-0891182 Applied For Not Applicable	
Zip 33009		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANES, CORNEL 980 SE 2 AVE DANIA BEAVH, FL 33006				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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D HANES, CORNEL 319 NW 10TH TERR HALLANDALE, FL 33009	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: Cornel Hanes		CORNEL HANES PRESIDENT		04/13/07 954-829-6610	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	