


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90024 005 \*\*\*150.00

**DOCUMENT # P99000063764**

1. Entity Name  
**AUTOMATED MOTOR SHADE SYSTEMS INC.**



Principal Place of Business      Mailing Address

**4270 N.W. 19TH AVE**      **5297 N.W. 55TH ST**  
**SUITE D**      **COCONUT CREEK, FL 33073**  
**POMPANO BEACH, FL 33064**

**40043369**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1925 W. COLANS RD.**      **1925 W. COLANS RD.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01252008      Chg-P      CR2E034 (12/06)

City & State      City & State

**Pompano Beach, FL.**      **Pompano Beach FL.**

Zip      Country      Zip      Country

**33064**      **USA**      **33064**      **USA**

4. FEI Number      Applied For

**65-0940974**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BERKOVITZ & COMPANY P.A.**  
**8211 W BROWARD BLVD**  
**STE #340**  
**PLANTATION, FL 33324**

**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 *Alan Rakin*      **ALAN RAKIN**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	RAKIN, ALAN	
STREET ADDRESS	5297 N.W. 55TH ST	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAKIN, OLGA	
STREET ADDRESS	5297 NW 55 ST	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Alan Rakin*      **ALAN RAKIN**      **3/8/08 954-974-0525**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #