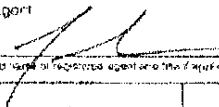
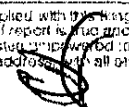


SECRET

08 DEC -1 AM 10:14

UNIVERSITY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094588 1. Entity Name PROFESSIONAL SHUTTER COMPANY				08 DEC -1 AM 10:14 OFFICE OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 18617 SW 107TH AVENUE MIAMI, FL 33157		Mailing Address 18617 SW 107TH AVENUE MIAMI, FL 33157			
2. Principal Place of Business - No P.O. Box # 19301 SW 106th AVE		3. Mailing Address 19301 SW 106th AVE			
Suing, Apt. #, etc. #4		Suite, Apt. #, etc. #4		11262008 REIN-P CR2E096 (1/07)	
City & State Miami FL		City & State Miami FL		4. FEI Number 65-0958622	
Zip 33157		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARBALLO, JOSEPH A 444 BRICKELL AVENUE SUITE 425 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Joseph A. Carballo Street Address (P.O. Box Number is Not Acceptable) 717 Pines de Leon Blvd. #326 City Coast Gable FL Zip 33134	
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  11/26/08 Signature, signed in printed name of registered agent and the entity state. (NOTE: Registered Agent signature required when reissuance) DATE					
FILE NOW! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ID VERGHO, JAMES L 18617 SW 107TH AVE. MIAMI, FL 33157		☒ Change ☐ Addition James L. Vergho 19301 SW 106th AVE #4 Miami, FL 33157	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		7001383447015 12/01/08--01065--015 **15	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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:  11/26/08 305-278-1408 SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Photo					