

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 027 ***158.75

DOCUMENT # S04382 1. Entity Name DOORS & SHUTTERS, INC.	
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Principal Place of Business 10912 SW 188 ST MIAMI, FL 33157	Mailing Address 10912 SW 188 ST MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

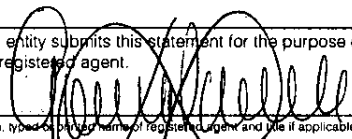
4. FEI Number 65-0224228	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**PALACIOS, GONZALO
10912 S.W. 188 ST.
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **4/20/04**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

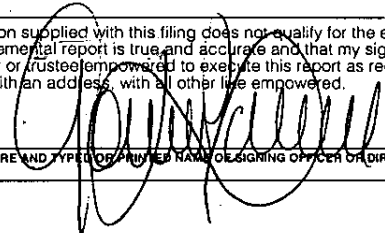
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PALACIOS, GONZALO 9400 TIFFANY DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PALACIOS, SABINA 9400 TIFFANY DRIVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DAVE PALACIOS 9400 TIFFANY CIR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 life empowered.

SIGNATURE:  **4/20/04** **305-253-5032**

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