


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90236 033 \*\*\*150.00

**DOCUMENT # P03000097540**

1. Entity Name  
**G & C SHUTTERS INSTALLATION INC.**



Principal Place of Business: **18700 NW 47 COURT OPA LOCKA, FL 33055**

Mailing Address: **18700 NW 47 COURT OPA LOCKA, FL 33055**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country



04192004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**GONZALEZ, LOURDES**  
**18700 NW 47 CT**  
**OPA LOCKA, FL 33055**

4. FEI Number: **20-0209652**

Applied For:  Not Applicable

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

7. Name and Address of New Registered Agent

Name: **CASALLA, ALEXIS**

Street Address (P.O. Box Number is Not Acceptable): **18700 NW 47 CT**

City: **OPA-LOCKA, FL** Zip Code: **33055**

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: *[Signature]* **ALEXIS CASALLA** DATE: **04/20/2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD	<input checked="" type="checkbox"/> Delete	TITLE: PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GONZALEZ, LOURDES		NAME: GONZALEZ, JOSE L.	
STREET ADDRESS: 18700 NW 47 CT.		STREET ADDRESS: 18700 NW 47 CT	
CITY-ST-ZIP: OPA LOCKA, FL 33055		CITY-ST-ZIP: OPA-LOCKA, FL 33055	
TITLE: VTD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CASALLA, ALEXIS		NAME:	
STREET ADDRESS: 18700 NW 47 CT.		STREET ADDRESS:	
CITY-ST-ZIP: OPA LOCKA, FL 33055		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and all other like empowered.

SIGNATURE: *[Signature]* **ALEXIS CASALLA** DATE: **04/20/04** DAYTIME PHONE # **305-673-2609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR