

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000017256

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: ALUFAB HURRICANE SHUTTERS, INC.

## Current Principal Place of Business:

13000 NW 38TH AVE  
OPA LOCKA, FL 33054 US

## New Principal Place of Business:

## Current Mailing Address:

13000 NW 38TH AVE  
OPA LOCKA, FL 33054 US

## New Mailing Address:

FEI Number: 65-0489540      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANDRADE, RICHARD D  
1300 NW 38TH AVE  
OPALOCKA, FL 33054 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANDRADE, ROBERT A  
Address: 1553 NW 102ND DR  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD ( ) Delete  
Name: ANDRADE, RICHARD D  
Address: 4812 NW 60TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CFO ( ) Change (X) Addition  
Name: MICHALOSKI, PAUL  
Address: 663 PONCE DE LEON DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ANDRADE

PD

01/03/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date