


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 218198

1. Entity Name
WEATHERPROOFING PRODUCTS CO INC



Principal Place of Business: **3260 NW 31ST STREET MIAMI, FL 33142**

Mailing Address: **13281 SW 42ND STREET DAVIE, FL 33330**

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

3. Mailing Address: Suite, Apt #, etc

City & State

Zip Country



02202004 Chg-P CR2E034 (10/03)

4. FEI Number: **59-0913416** Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent: **WEISS, ROWLETTE 3260 NW 31ST ST MIAMI, FL 33142**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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: _____ DATE: _____

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: VTD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS, LORA		NAME: _____	
STREET ADDRESS: 13260 SW 42ND ST		STREET ADDRESS: _____	
CITY- ST- ZIP: DAVIE, FL 33330		CITY- ST- ZIP: 03/18/04-80027-002 150.00	
TITLE: PS	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEISS, ROWLETTE		NAME: _____	
STREET ADDRESS: 13260 SW 42ND ST		STREET ADDRESS: _____	
CITY- ST- ZIP: DAVIE, FL 33330		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)(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 like empowered.

SIGNATURE: *Laura Weiss* president/sec. **2/27/04** 6343626

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