


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90137 048 ***150.00

DOCUMENT # K31224

1. Entity Name
ANY SEASON INSULATION, INC.



Principal Place of Business
**13400 SW 128 STREET
MIAMI FL 33186**

Mailing Address
**13400 SW 128 STREET
MIAMI FL 33186**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **65-0072694**

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MODRONO, MANUEL A., JR
10055 SW 143 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

T NAME: MODRONO, LOURDES STREET ADDRESS: 10055 SW 143 ST CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
PVP NAME: MODRONO, MANUEL A., JR STREET ADDRESS: 8265 SW 114 STREET CITY-ST-ZIP: MIAMI FL 33156	<input checked="" type="checkbox"/> Delete
P NAME: MODRONO, MANUEL STREET ADDRESS: 10055 SW 143 ST CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President NAME: Manuel Modrono JR. STREET ADDRESS: 13400 SW 128 St CITY-ST-ZIP: Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Vice President NAME: Lourdes Modrono STREET ADDRESS: 13400 SW 128 ST CITY-ST-ZIP: Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Treasurer NAME: Madeline Modrono STREET ADDRESS: 13400 SW 128 ST CITY-ST-ZIP: Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **04/11/03** Daytime Phone #: **305-593-8980**

CR2E034 (10/02)