| 2021 | <b>FLORIDA</b> | PROFIT | CORPORA | TION ANNUAL | REPORT |
|------|----------------|--------|---------|-------------|--------|
|      |                |        |         |             |        |

DOCUMENT# P17000100013

Entity Name: ASSURED STORM WINDOW CORP.

#### **Current Principal Place of Business:**

319 SW 13TH AVE POMPANO BEACH, FL 33069

### **Current Mailing Address:**

319 SW 13TH AVE POMPANO BEACH, FL 33069

## FEI Number: 82-3843074

# Name and Address of Current Registered Agent:

FERRARI, GRAZIANO 319 SW 13TH AVE POMPANO BEACH, FL 33069 US

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

## Officer/Director Detail :

| Title           | Р                          | Title           | CEO                 |
|-----------------|----------------------------|-----------------|---------------------|
| Name            | FOTI, EDGARDO              | Name            | FERRARI, GRAZIANO   |
| Address         | 1421 SOUTHWEST 17TH STREET | Address         | 20821 SONETO DR.    |
| City-State-Zip: | BOCA RATON FL 33486        | City-State-Zip: | BOCA RATON FL 33433 |

I hereby 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 all other like empowered.

SIGNATURE: EDGARDO FOTI

OWNER OPERATOR 05

05/02/2021 Date

Electronic Signature of Signing Officer/Director Detail

Date

Certificate of Status Desired: No