

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000003251

**Entity Name:** WINDRIFT MANAGER INC

**Current Principal Place of Business:**

12 COLLEGE ROAD  
MONSEY, NY 10952

**Current Mailing Address:**

12 COLLEGE ROAD  
MONSEY, NY 10952 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           DPS  
Name           KOPELOWITZ, SHAUL  
Address        15 MARINER WAY  
City-State-Zip: MONSEY NY 10952

*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:** SHAUL KOPELOWITZ

MANAGER

02/13/2017

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date