

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