

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 377711

FILED
Mar 19, 2009
Secretary of State

Entity Name: WINSTED THERMOGRAPHERS, INC.

Current Principal Place of Business:

917 SW 10 ST.
HALLANDALE BEACH, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

917 SW 10 ST.
HALLANDALE BEACH, FL 33009 US

New Mailing Address:

FEI Number: 59-1346910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBOWITZ,LESTER
917 S.W. 10TH STREET
HALLANDALE FL, FL 33009 US

Name and Address of New Registered Agent:

JACOBOWITZ,LESTER
917 S.W. 10TH STREET
HALLANDALE, FL 33009 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: GARY JACOBOWITZ

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JACOBOWITZ,LESTER,
Address: 2683 OAKBROOK DR.
City-St-Zip: WESTON, FL 33332

Title: SD () Delete
Name: JACOBOWITZ,LOIS (DEC, EASED)
Address: 2683 OAKBROOK DR.
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GARY JACOBOWITZ

VP

03/19/2009

Electronic Signature of Signing Officer or Director

Date