

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000004377

1. Entity Name
WEATHER GUARD INDUSTRIES OF SOUTH FLORIDA,
INC.



Principal Place of Business

CALLE APENINOS #607
URB. PUERTO NUEVO
SAN JUAN, PUERTO RICO 00920,

Mailing Address

1120 NORMANDY DRIVE
MIAMI BEACH, FL 33141

2. Principal Place of Business

1120 Normandy Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach FL
33141

City & State

Zip

Country

4. FEI Number

66-0643195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLAZO, CARLOS
1120 NORMANDY DRIVE
MIAMI BEACH, FL 33141

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP
NAME COLLAZO, CARLOS
STREET ADDRESS CARRETERA 715, KM. 1.1, BARRIO SUMIDO
CITY-ST-ZIP CAYEY, PUERTO RICO 00737, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME LIRANZO, SIMONA HIDALGO
STREET ADDRESS CALLE APENINOS #607, URB. PUERTO NUEVO
CITY-ST-ZIP SAN JUAN, PUERTO RICO 00920, ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ROSARIO, LOURDES
STREET ADDRESS CARRETERA 715, KM. 1.1 BARRIO SUMIDO
CITY-ST-ZIP CAYEY, PUERTO RICO 00737, ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/05

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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