

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90065 044 ***150.00

DOCUMENT # G04928

1. Entity Name
ADVANCED HURRICANE PROTECTION, INC.



Principal Place of Business
**7635 W SECOND CT
HIALEAH, FL 33014-1305**

Mailing Address
**7635 W SECOND CT
HIALEAH, FL 33014-1305**

40111400



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2374213

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

**KLEIN, THEODORE
88 NE 168TH ST
N. MIAMI BEACH, FL 33112**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P BUZZELLA, STEPHEN P** ☐ Delete
STREET ADDRESS **8431 NW 193 LANE**
CITY-ST-ZIP **MIAMI, FL 33014**

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

TITLE
NAME **V BUZZELLA, RICHARD J** ☐ Delete
STREET ADDRESS **7916 JACARANDA LANE 5244 SW 159 AVE**
CITY-ST-ZIP **MIAMI LAKES, FL 33014 MIRAMAR FL 33027**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5244 SW 159 AVE**
CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 (305) 823-2323
Date Daytime Phone #