


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90013 048 ***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 |
|---|---|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



02292008 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

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

7. Name and Address of New Registered Agent

Name KLEIN THEODORE J.
Street Address (P.O. Box Number is Not Acceptable)
2030 PETERS ROAD
Building D Suite 104
City PLANTATION FL 33324

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, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BUZZELLA, STEPHEN P 5244 SW 159 AVE MIRAMAR, FL 33027 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V BUZZELLA, RICHARD J 7316 JACARANDA LANE MIAMI LAKES, FL 33014 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 7952 NW 158 Terrace MIAMI LAKES FL 33016 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| | 5244 SW 159 AVE. MIRAMAR FL 33027 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Stephen P. Buzzella* 4/9/08 305-823-2322
S P BUZZELLA Date Daytime Phone #