

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N00000003452

1. Entity Name

HURRICANE PROTECTION MANUFACTURERS
ASSOCIATION, INC.



Principal Place of Business

12040 MIRAMAR PKWY
BAYS 21 & 22
MIRAMAR FL 33025

Mailing Address

12040 MIRAMAR PKWY
BAYS 21 & 22
MIRAMAR FL 33025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARTHET, PATRICK C ESQ.
200 SOUTH BISCAYNE BOULEVARD
SUITE 1800
MIAMI FL 33131

7. Name and Address of New Registered Agent

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME
D ROBINSON, JEFFRY T ☐ Delete
STREET ADDRESS
3440 N.W. 73RD AVENUE
CITY- ST- ZIP
MIAMI FL 33122

TITLE NAME
D REVILLA, ENRIQUE ☐ Delete
STREET ADDRESS
14475 N.W. 26TH AVENUE
CITY- ST- ZIP
OPA LOCKA FL 33054

TITLE NAME
D CRUZ, VICENTE ☐ Delete
STREET ADDRESS
14475 N.W. 26TH AVENUE
CITY- ST- ZIP
OPA LOCKA FL 33054

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP
1000000042676
02/10/04-80034-012 70.00

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

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

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

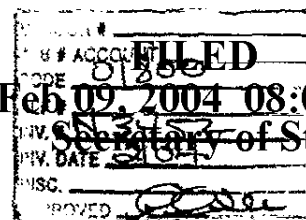
TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:

1/1/ TR Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MOORE CR2E037 (11/03)

4. FEI Number 65-1082458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

2/3/04 954-392-7933