


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90004 046 \*\*\*\*61.25

<b>DOCUMENT # N00000003452</b> 1. Entity Name <b>HURRICANE PROTECTION MANUFACTURERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>12040 MIRAMAR PKWY BAYS 21 &amp; 22 MIRAMAR, FL 33025</b>			Mailing Address <b>12040 MIRAMAR PKWY BAYS 21 &amp; 22 MIRAMAR, FL 33025</b>		
2. Principal Place of Business <b>11850 Miramar Pkwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>11850 Miramar Pkwy</b> Suite, Apt. #, etc.			
City & State <b>Miramar, Fla</b>		City & State <b>Miramar, Fla</b>		4. FEI Number <b>65-1082458</b>	
Zip <b>33025</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARTHET, PATRICK C ESQ. 200 SOUTH BISCAYNE BOULEVARD SUITE 1800 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JEFFRY T 3440 N.W. 73RD AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVILLA, ENRIQUE 14475 N.W. 26TH AVENUE OPA LOCKA, FL 33054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, VICENTE 14475 N.W. 26TH AVENUE OPA LOCKA, FL 33054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>				1-7-05 954 342 7933	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	