## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000108297

Entity Name: STORM GARD INC.

Name:

Address:

City-St-Zip:

6713 DOGWOOD DR

HOLLYWOOD, FL 33023

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13001 SW 88TH TERRACE, SO. 6713 DOGWOOD DRIVE MIAMI, FL 33186 MIRAMAR, FL 33023 **Current Mailing Address: New Mailing Address:** 6713 DOGWOOD DRIVE MIRAMAR, FL 33023 FEI Number: 01-0577931 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACEVEDO, FRANCISO X 6713 DOGWOOD DR. MIRAMAR, FL 33023 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition ACEVEDO, FRANCISO X Name: Name: 6713 DOGWOOD DRIVE Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ROJAS, LUIS A Name: 13001 SW 88TH TERRACE SOUTH Address: Address: MIAMI, FL 33186 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition MARTINEZ, JUANA Name: Name: 6713 DOGWOOD DRIVE Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition ACEVEDO, XAVIER E

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JUANA MARTINEZ SEC 04/30/2004