

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000006035

Entity Name: ROXY CUSTOM COVERS, INC.

FILED  
Apr 20, 2006  
Secretary of State

## Current Principal Place of Business:

1800 NORTH OCEAN DR  
201  
HOLLYWOOD, FL 33019 US

## New Principal Place of Business:

## Current Mailing Address:

1800 NORTH OCEAN DR  
201  
HOLLYWOOD, FL 33019 US

## New Mailing Address:

FEI Number: 56-2430598

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POSINERI, ROXANA  
1800 NORTH OCEAN DR  
201  
HOLLYWOOD, FL 33019 US

## Name and Address of New Registered Agent:

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: ROXANA POSINERI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POSINERI, ROXANA  
Address: 1800 NORTH OCEAN DR # 201  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: VP ( ) Delete  
Name: POSINERI, ROXANA  
Address: 1800 NORTH OCEAN DR #201  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: T ( ) Delete  
Name: POSINERI, ROXANA  
Address: 1800 NORTH OCEAN DR #201  
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: S ( ) Delete  
Name: POSINERI, ROXANA  
Address: 180 NORTH OCEAN DR #201  
City-St-Zip: HOLLYWOOD, FL 33019 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ROXANA POSINERI

P

04/20/2006

Electronic Signature of Signing Officer or Director

Date