

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089227

FILED  
May 29, 2009  
Secretary of State

Entity Name: NATIONAL WINDSTORM PROTECTION, INC.

## Current Principal Place of Business:

8890 SW 131 TREET  
MIAMI, FL 33176

## New Principal Place of Business:

12901 SW 89 CT  
MIAMI, FL 33176

## Current Mailing Address:

8890 SW 131 TREET  
MIAMI, FL 33176

## New Mailing Address:

12901 SW 89 CT  
MIAMI, FL 33176

FEI Number: 20-3037508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULLANA, FRANCISCO  
8890 SW 131 STREET  
MIAMI, FL 33176 US

## Name and Address of New Registered Agent:

FULLANA, FRANCISCO  
12901 SW 89 CT  
MIAMI, FL 33176 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: FRANCISCOFULLANA

05/29/2009

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: PS ( ) Delete  
Name: FULLANA, FRANCISCO  
Address: 8890 SW, 131 STREET  
City-St-Zip: MIAMI, FL 33176

Title: VPT ( ) Delete  
Name: ROMAN, REYNALDO  
Address: 8890 SW 131 STREET  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: FULLANA, FRANCISCO  
Address: 12901 SW 89 CT  
City-St-Zip: MIAMI, FL 33176

Title: VPT (X) Change ( ) Addition  
Name: ROMAN, REYNALDO  
Address: 12901 SW 89 CT  
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify 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: FRACISCO FULLANA

PD

05/29/2009

Electronic Signature of Signing Officer or Director

Date