2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# P05000162457

Entity Name: STORMWISE SOUTH FLORIDA INC

Current Principal Place of Business:

4743 NW 72ND AVENUE
MIAMI, FL 33166

New Principal Place of Business:

13015 NW 45 AVENUE
OPALOCKA, FL 33054

Current Mailing Address:

4743 NW 72ND AVENUE
MIAMI, FL 33166

New Mailing Address:

13015 NW 45 AVENUE
OPALOCKA, FL 33054

FEI Number: 20-4037493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DIAZ, CAMILO
4743 NW 72ND AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DIAZ, CAMILO OWNER
13015 NW 45 AVENUE
OPALOCKA, FL 33054 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: CAMILO DIAZ 04/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Change (X) Addition
Name: DIAZ, CAMILO P
Address: 13015 NW 45 AVENUE
City-St-Zip: OPALOCKA, FL 33054

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: CAMILO DIAZ P 04/05/2007
Electronic Signature of Signing Officer or Director Date