

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000000339

FILED  
Feb 25, 2012  
Secretary of State

**Entity Name:** STORM PROTECTION OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

8446 NW 116 AVENUE  
DORAL, FL 33178

**New Principal Place of Business:**

5121 NW 79 AVE  
UNIT 07  
DORAL, FL 33166

**Current Mailing Address:**

8446 NW 116 AVENUE  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 71-0994654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALADDINO DI MAGGIO, SALVATORE  
8446 NW 116 AVENUE  
DORAL, FL 33178 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALADDINO DI MAGGIO, SALVATORE  
Address: 8446 NW 116 AVENUE  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: SALADDINO ROMANO, GINO  
Address: 8345 NW 116 AVE  
City-St-Zip: DORAL, FL 33178

I hereby 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 all other like empowered.

SIGNATURE: SALVATORE SALADDINO DI MAGGIO

PD

02/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date