


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90031 026 ***158.75

DOCUMENT # P06000042863 1. Entity Name ADVANCED HURRICANE PRODUCTS, INC.			
Principal Place of Business 4100 N POWERLINE RD. B4-B5 POMPANO BEACH, FL 33073		Mailing Address 4100 N POWERLINE RD. B4-B5 POMPANO BEACH, FL 33073	
2. Principal Place of Business - No P.O. Box # 7360 SW 170 TERR. Suite, Apt. #, etc.		3. Mailing Address 7360 SW 170 TERR. Suite, Apt. #, etc.	
City & State Palmetto bay, FL Zip 33157 Country		City & State Palmetto bay, FL Zip 33157 Country US	
4. FEI Number 20-4587669		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CASTILLO, LUIS A 4100 N POWERLINE RD B4-B5 POMPANO BEACH, FL 33073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, LUIS A 4100 N POWERLINE RD. B4-B5 POMPANO BEACH, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST BERRON, RUBEN 4100 N POWERLINE RD. B4-B5 POMPANO BEACH, FL 33073 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: LUIS A. CASTILLO		02-05-2008 305-254-7185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	