

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90025 012 ***150.00

DOCUMENT # P07000069609
 1. Entity Name
 ALPHA HURRICANE PROTECTION INC.



Principal Place of Business Mailing Address
~~1879 NW 93RD WAY~~ 1879 NW 93RD WAY
~~PLANTATION, FL 33322~~ PLANTATION, FL 33322

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 10157 NW 46th STREET 10157 NW 46th STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 SUNRISE FL SUNRISE FL
 Zip Country Zip Country
 33351 USA 33351 USA



03292008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
 26-0357491 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GIDON, ABRAHAM
~~1879 NW 93RD WAY~~
~~PLANTATION, FL 33322~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 10157 NW 46th STREET
 City State Zip Code
 SUNRISE FL 33351

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)
 DATE: 3/31/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$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 GIDON, ABRAHAM 1879 NW 93RD WAY PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10157 NW 46 th STREET SUNRISE FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIMOVITCH, SCHMUEL 1879 NW 93RD WAY PLANTATION, FL 33322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAIMOVITCH, SHMUEL 10157 NW 46 th STREET SUNRISE FL 33351
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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 fee empowered.
 SIGNATURE: *[Signature]* DATE: 3/31/08 DAYTIME PHONE #: 954-746-6793