

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069609

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ALPHA HURRICANE PROTECTION INC.

## Current Principal Place of Business:

10157 NW 46TH STREET  
SUNRISE, FL 33351

## New Principal Place of Business:

10724 NW 53RD ST.  
SUNRISE, FL 33351

## Current Mailing Address:

10157 NW 46TH STREET  
SUNRISE, FL 33351

## New Mailing Address:

10724 NW 53RD ST.  
SUNRISE, FL 33351

FEI Number: 26-0357495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIDON, ABRAHAM  
10157 NW 46TH STREET  
SUNRISE, FL 33351 US

## Name and Address of New Registered Agent:

GIDON, ABRAHAM  
10724 NW 53RD ST.  
SUNRISE, FL 33351 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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GIDON, ABRAHAM  
Address: 10157 NW 46TH STREET  
City-St-Zip: SUNRISE, FL 33351

Title: D ( ) Delete  
Name: HAIMOVITCH, SCHMUEL  
Address: 10157 NW 46TH STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIDON, ABRAHAM  
Address: 10724 NW 53RD ST.  
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change ( ) Addition  
Name: HAIMOVITCH, SCHMUEL  
Address: 10724 NW 53RD ST.  
City-St-Zip: SUNRISE, FL 33351

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: GIDON ABRAHAM

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date