

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90081 031 ***158.75

DOCUMENT # P94000001462 1. Entity Name HURRICANE PREVENTION, INC.			
Principal Place of Business 7732 CAMINO REAL F319 MIAMI, FL 33143 US		Mailing Address 7732 CAMINO REAL #F 319 MIAMI, FL 33143 US	
2. Principal Place of Business - No P.O. Box # 8740 SW 87 Street Suite, Apt. #, etc.		3. Mailing Address 8740 SW 87 Street Suite, Apt. #, etc.	
City & State Miami, Florida Zip 33173		City & State Miami, Florida Zip 33173	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 65-0469204		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENAL, RUBEN J. 7732 CAMINO REAL F-319 MIAMI, FL 33143		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 _____ DATE _____ Signature, typed or printed name of registered agent and title is applicable. (NOTE, Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PS CENAL, RUBEN J 7732 CAMINO REAL F-319 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PS CENAL, RUBEN J 8740 SW 87 STREET MIAMI, FL 33173	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP CENAL, REUBEN H 5310 SW 72 STREET MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SOTO, ANDRES 7865 CAMINO REAL L315 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>Ruben J. Cenal</i>		4-27-2007 205-270-1282	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	