

**2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000135919

**FILED**  
**Aug 11, 2020**  
**Secretary of State**  
**5075371390CC**

**Entity Name:** AMERICAN STORM PROTECTION CORP.

**Current Principal Place of Business:**

8440 NW 64 STREET  
UNIT 3  
MIAMI, FL 33166

**Current Mailing Address:**

8440 NW 64 STREET  
UNIT 3  
MIAMI, FL 33166 US

**FEI Number:** 22-3945132

**Certificate of Status Desired:** No

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

RODRIGUEZ, LOURDES  
8440 NW 64 STREET  
UNIT 3  
MIAMI, FL 33166 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           RODRIGUEZ, LOURDES  
Address       8440 NW 64 STREET  
                  UNIT 3  
City-State-Zip: MIAMI FL 33166

Title           P  
Name           RODRIGUEZ, JONATHAN  
Address       8440 NW 64 STREET  
                  UNIT 3  
City-State-Zip: MIAMI FL 33166

Title           VP  
Name           RODRIGUEZ, YESENIA  
Address       8440 NW 64 STREET  
                  UNIT 3  
City-State-Zip: MIAMI FL 33166

*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:** JONATHAN RODRIGUEZ

**PRESIDENT**

**08/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date