

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001943

Entity Name: PROGUARD WARRANTY INC.**Current Principal Place of Business:**407 MCALPINE ST
AVOCA, PA 18641**Current Mailing Address:**407 MCALPINE ST
AVOCA, PA 18641**FEI Number:** 45-3592010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR. SUITE A
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	LIMONGELLI, DOMINIC
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	VICE PRESIDENT
Name	LIMONGELLI, JR., DANIEL
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	SECRETARY
Name	LIMONGELLI, DEAN
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	TREASURER
Name	LIMONGELLI, SR, DANIEL
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

Title	CEO/DIRECTOR
Name	LIMONGELLI, JOSEPH
Address	407 MCALPINE ST
City-State-Zip:	AVOCA PA 18641

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: DEAN LIMONGELLI**SECRETARY****04/21/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date