


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90204 005 ***150.00

DOCUMENT # **H50944**
1. Entity Name
C & F INSULATION INC



70042246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
291 E 33 ST
Suite, Apt. #, etc.
HOUSE
City & State
Hialeah FL
Zip
33013 Country
USA

3. Mailing Address
291 E 33 ST
Suite, Apt. #, etc.
HOUSE
City & State
Hialeah FL
Zip
33013 Country
USA

DO NOT WRITE IN THIS SPACE

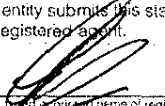
4. FEI Number
59-252-0504 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
COSME MIGUEL LOPEZ
Street Address (P.O. Box Number is Not Acceptable)
17360 NW 91 PL
City
MIAMI FL Zip Code
33018

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
04-13-03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00, May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	PRES	TITLE	
NAME	COSME M. LOPEZ	NAME	
STREET ADDRESS	17360 NW 91 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	CITY-ST-ZIP	
TITLE	VP & SEC.	TITLE	
NAME	JUEN R LOPEZ	NAME	
STREET ADDRESS	17360 NW 91 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33018	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE
4-13-03 (305) 888-1775

CR2E034B (12/02)