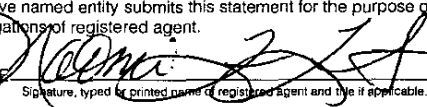
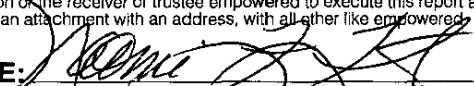


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91013 016 ***150.00

DOCUMENT # P01000081817 1. Entity Name EXTREME ROOFING, INC.					
Principal Place of Business 16035 NW 57 AVE MIAMI, FL 33014			Mailing Address 8758 SW 8TH STREET MIAMI, FL 33174 US		
2. Principal Place of Business 3100 SW 103 Ave Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami FL			City & State		
Zip 33165		Country US		4. FEI Number 65-1131964	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRALERO, MICHELLE 6739 SEGOVIA CIRCLE WEST PEMBROKE PINES, FL 33331			7. Name and Address of New Registered Agent Name Naomi F Fuentes Street Address (P.O. Box Number is Not Acceptable) 3100 SW 103 Avenue City Miami FL Zip Code 33165		
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  Naomi F Fuentes 4/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD FUENTES, NAOMI F 3100 S.W. 103 AVE. MIAMI, FL 33165	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
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 exemption stated in Section 119.07(3)(l), 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: 			4/22/04 (305) 227-2120 Date Daytime Phone #		

94081285

