2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P01000081817** 05-02-2005 90555 045 ***150.00 1. Entity Name EXTREME ROOFING, INC. Principal Place of Business Mailing Address 8758 SW 8TH STREET 3100 SW 103 AVE. 14015306 MIAMI, FL 33165 MIAMI, FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1131964 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **FUENTES, NAOMI** Street Address (P.O. Box Number is Not Acceptable) 3100 SW 103 AVE. MIAMI, FL 33165 Clty 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 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FUENTES, NAOMI F NAME STREET ADDRESS 3100 S.W. 103 AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE Director Change ★ Addition A. Fuentes NAME NAME Robert STREET ADDRESS STREET ADDRESS 31000 Sel 103 Avenue CITY-ST-ZIP CITY-ST-ZIP Miami きみなら TITLE ☐ Delete TIT1 F Director ☐ Change M Addition NAME David Fuentes NAME STREET ADDRESS STREET ADDRESS Avenue 3100 500 103 CITY-ST-ZIP CITY-ST-ZIP Miami *3*3165 TITLE ☐ Delete TITLE Director ☐ Change Addition Daniel Fuentes NAME Avenue STREET ADDRESS STREET ADDRESS 3100 SW 103 CITY-ST-ZIP CITY-ST-7IP Miami TITLE Delete TITLE Diractor ☐ Change Addition Antonio R. Fran NAME NAME STREET ADDRESS Avenue 3100 SW 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 33165 MIOMI TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #