


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000066667 1. Entity Name DROPS ROOFING CORP	
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Principal Place of Business 8949 N W 165TH TERRACE MIAMI LAKES, FL 33018	Mailing Address 8949 N W 165TH TERRACE MIAMI LAKES, FL 33018
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DO NOT WRITE IN THIS SPACE



02212008 No Chg-P CR2E034 (11/05)


4. FEI Number 47-0873631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNOZ, ALCIDE
8949 N W 165TH TERRACE
MIAMI LAKES, FL 33018**

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IN THIS SPACE**

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 **2/21/08**

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, 2008 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, ALCIDE 8949 N W 165TH TERRACE MIAMI LAKES, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNOZ, EMILY 8949 N W 165TH TERRACE MIAMI LAKES, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/05/08-80029-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE **2/21/08** DAYTIME PHONE # **305 826-2929**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR