

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90001 026 \*\*\*150.00

**DOCUMENT # P06000049941**

1. Entity Name  
ROOFING SOLUTIONS OF MIAMI INC.



Principal Place of Business  
14330 SW 42 TERRACE  
MIAMI, FL 33175

Mailing Address  
14330 SW 42 TERRACE  
MIAMI, FL 33175

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05282007

Chg-P

CR2E034 (12/06)

4. FEI Number

20.4670815

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, NANCY  
7751 SW 26TH ST  
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | P                   | <input type="checkbox"/> Delete |
| NAME           | PEREZ, JORGE L      |                                 |
| STREET ADDRESS | 14330 SW 42 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33175     |                                 |
| TITLE          | S                   | <input type="checkbox"/> Delete |
| NAME           | PEREZ, ANA C        |                                 |
| STREET ADDRESS | 14330 SW 42 TERRACE |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33175     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                                                              |
|----------------|--------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY-ST-ZIP    |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY-ST-ZIP    |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY-ST-ZIP    |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY-ST-ZIP    |                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                                                              |
| STREET ADDRESS |                                                              |
| CITY-ST-ZIP    |                                                              |

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/07

(305) 261-1446