2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

Feb 10, 2005 08:00 AM Secretary of State DOCUMENT # P02000119241 ADVANTAGE ROOF CONSULTANTS, INC. Principal Place of Business - Mailing Address 7845 NW 66 ST #2 MIAMI FL 33166 7845 NW 66 ST #2 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FE! Number 82-0572861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MENDEZ, MANNY Street Address (P.O. Box Number is Not Acceptable) 7845 NW 66 ST #2 MIAMI FL 33166 City Zip Code F٤ 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 approable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. STD TITLE ☐ Delete 11116 Change Addition Unnnoo224502 MENDEZ, MANNY NAME NAME 02/11/05-80001-006 158.75 7845 NW 66 ST #2 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33166 Crly-SI-ZIP PD ☐ Change ☐ Addition THE Delete NAME MENDEZ, GINA NAME 7845 NW 66 ST #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-7)P TITLE ☐ Delete **T**ULE **E** Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CILY-SI-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY ST-ZIP CHY-SI-ZIP ☐ Addition Change TITLE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-SE-ZIP HILE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CLIY-SI-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 five 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 of the corporation or the receiver of the corporation of the receiver of th

Il other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED