

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000017791

**Entity Name:** PASAT ROOFING, INC.**Current Principal Place of Business:**3501 N.W. 10 AVENUE  
OAKLAND PARK, FL 33309**Current Mailing Address:**3501 N.W. 10 AVENUE  
OAKLAND PARK, FL 33309**FEI Number:** 65-0816294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PASAT, COSTINEL LSR.  
5060 KING ARTHUR AVE  
DAVIE, FL 33331 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	PASAT, COSTINEL LSR.
Address	5060 KING ARTHUR AVE
City-State-Zip:	DAVIE FL 33331

Title	V
Name	PASAT, COSTINEL JR
Address	4116 NW 88 AVE #207
City-State-Zip:	POMPANO BEACH FL 33065

Title	S
Name	PASAT, ELENA L
Address	410 NW 68 AVE #110
City-State-Zip:	PLANTATION FL 33317

Title	D
Name	PASAT, MARIA A
Address	5060 KING ARTHUR AVE
City-State-Zip:	DAVIE FL 33317

Title	D
Name	PASAT, GHEORGHE C
Address	2050 NW 88 AVE #222
City-State-Zip:	HOLLYWOOD FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** COSTINEL L PASAT SR**PRESIDENT****03/13/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date