


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2005 8:00 am
Secretary of State

06-23-2005 90001 006 ***550.00

DOCUMENT # 572733 1. Entity Name ALCO Roofing Company	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7170 SW 42 street Suite, Apt. #, etc.	3. Mailing Address 7170 SW 42 street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLA	City & State MIAMI FLA	4. FEI Number 59-1914208	Applied For Not Applicable
Zip 33155	Country Dade	Zip 33155	Country Dade
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Donald Murray	
	Street Address (P.O. Box Number is Not Acceptable) 2000 Towerside Terrace unit 18c	
	City MIAMI	FL Zip Code 33183

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 Donald Murray DATE 6/7/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Roberto Escobar 14352 SW 24 street MIAMI, FLA 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec./Treas. manuel Alfonso 8330 SW 11 terr. MIAMI, FLA 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hector M. Garcia 8330 SW 11 terr. MIAMI, FLA 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other, like empowered.

SIGNATURE: Roberto Escobar DATE 6/7/05 DAYTIME PHONE # 305-663-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)