

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595088

FILED  
Apr 22, 2010  
Secretary of State

**Entity Name:** TROPICAL ROOFING OF MIAMI, INC.

**Current Principal Place of Business:**

995 SW 69TH AVE  
995 S. W. 69 AVE  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

995 SW 69TH AVE  
P O BOX 440854  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** 59-1863869

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FUENTES, JOSE  
2140 S. W. 65 AVE  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRT  
**Name:** FUENTES, JOSE A  
**Address:** 2140 S.W. 65 AVE.  
**City-St-Zip:** MIAMI, FL 33155 MD

**Title:** S  
**Name:** FUENTES, ZOILA  
**Address:** 2140 S.W. 65 AVE.  
**City-St-Zip:** MIAMI, FL 33155 MD

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:** JOSE A FUENTES

PR

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date