## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#835190**

TRIPLE M. ROOFING CORP

FILED Jan 05, 2005 Secretary of State

Entity Name: TRIPLE M. ROOFING CORP.									
Current Principal Place of Business:					New Principal Place of Business:				
914 NW 19 FT LAUDE	AVE RDALE, FL (	33311	US						
Current Mailing Address:					New Mailing Address:				
914 NW 19 FT LAUDE	AVE RDALE, FL (	33311	US						
FEI Number:	11-1986288	FEI Nu	mber Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certifica	te of Status D	esired (X)
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
914 NW 19	, RICHARD ITH AVENUE DERDALE, F		US						
The above in the State		submits	this statement for the	e purpose o	f changing it	ts registered	d office or r	egistered ag	jent, or both,
SIGNATUR	RE:								
	Electro	nic Signa	ture of Registered A	gent				Date	
Election Cam	npaign Financir	ng Trust Fu	und Contribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	VS ( MILANESE, TH 20793 SNUG BOCA RATON	CREEK CO	URT		Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	DP ( MILANESE, R 21181 OAKLE BOCA RATON	EY COURT	00,		Title: Name: Address: City-St-Zip:	DP MILANESE, 311 AEGEAI PALM BEAC			
Title: Name: Address: City-St-Zip:	V ( MILANESE, JO 21860 CYPRE BOCA RATON	ESS PALM (			Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title:	т (	) Delete			Title:	т	(Y) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MILANESE, PATRICIA

PALM BEACH GARDENS, FL 33410

311 AEGEAN RD

SIGNATURE: THOMAS MILANESE VP 01/05/2005

MILANESE, PATRICIA

21181 OAKLEY CT.

BOCA RATON, FL

Name:

Address:

City-St-Zip: