

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835190

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: TRIPLE M. ROOFING CORP.

## Current Principal Place of Business:

914 NW 19 AVE  
FT LAUDERDALE, FL 33311 US

## New Principal Place of Business:

## Current Mailing Address:

914 NW 19 AVE  
FT LAUDERDALE, FL 33311 US

## New Mailing Address:

FEI Number: 11-1986288      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILANESE, RICHARD  
914 NW 19TH AVENUE  
FORT LAUDERDALE, FL 33311 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: VS ( ) Delete  
Name: MILANESE, THOMAS,  
Address: 20793 SNUG CREEK COURT  
City-St-Zip: BOCA RATON, FL

Title: DP ( ) Delete  
Name: MILANESE, RICHARD,  
Address: 311 AEGEAN RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V ( ) Delete  
Name: MILANESE, JON  
Address: 21860 CYPRESS PALM CT  
City-St-Zip: BOCA RATON, FL 33428

Title: T ( ) Delete  
Name: MILANESE, PATRICIA  
Address: 311 AEGEAN RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MILANESE, THOMAS,  
Address: 20793 SNUG CREEK COURT  
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Change ( ) Addition  
Name: MILANESE, RICHARD,  
Address: 311 AEGEAN RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V (X) Change ( ) Addition  
Name: MILANESE, PETER  
Address: 15 LAWRENCE LAKE DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: THOMAS MILANESE

P

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date