

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835190

FILED
Apr 13, 2009
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: P () Delete
Name: MILANESE, THOMAS
Address: 20793 SNUG CREEK COURT
City-St-Zip: BOCA RATON, FL 33498

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

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

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

Title: D (X) Change () Addition
Name: MILANESE, RICHARD
Address: 320 CHARROUX DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: T (X) Change () Addition
Name: MILANESE, PATRICIA
Address: 320 CHARROUX DR.
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD MILANESE

D

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date