# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2005**
**Secretary of State**

DOCUMENT# K54635

**Entity Name:** UNIROOF CORPORATION

**Current Principal Place of Business:**

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

801 WEST STATE ROAD 436
SUITE 2039
ALTAMONTE SPGS, FL 32714

**New Mailing Address:**

**FEI Number: 59-2920589** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

KONSTAN, DAVID
801 W. S.R. 436
SUITE 2039
ALTAMONTE SPRINGS, FL 32714 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: D ( ) Delete
Name: JABER, KAMAL T
Address: PO BOX 1053
City-St-Zip: SHARJAH, UA

Title: PS ( ) Delete
Name: KONSTAN, DAVID
Address: 801 W HWY 436 STE 2039
City-St-Zip: ALTAMONTE SPGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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.

SIGNATURE: DAVID KONSTAN PS 04/15/2005

Electronic Signature of Signing Officer or Director — Date